VT-501 COC_REG_2016_135683

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

- The Collaborative Applicant is responsible for:
 Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:
- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
 - Some questions require the Collaborative Applicant to attach a document to receive credit.
- This will be identified in the question.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: VT-501 - Burlington/Chittenden County CoC

1A-2. Collaborative Applicant Name: City of Burlington

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Institute for Community Alliances

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.

Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.

Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	Yes	Yes
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	Yes	Yes	Yes
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Not Applicable	No	Not Applicable
School Administrators/Homeless Liaisons			
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Not Applicable		Not Applicable
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Legal Advocate	Yes	No	No

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

FY2016 CoC Application	Page 3	09/07/2016
------------------------	--------	------------

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The Chittenden Homeless Alliance solicits & considers a range of opinions within our qtrly meetings & monthly steering committee meetings. Our elected board consists of members of social service/faith based/govt/veterans/youth and DV agencies & also affordable housing developers and the formerly homeless. See the attached governance charter page 5. Formerly & currently homeless involved in strategic planning & outreach for ending homelessness. One meeting featured local homeless in attendance to discuss their experiences with finding housing, camping & low barrier shelter.Local hospital & medical school participant designed/implemented quarterly here to help clinic to connect to CH with services, health care, VISPDAT to lead to housing. The Chief Medical Officer of the UVM Medical Center is an ER doctor with 1st hand knowledge of the intersection of homelessness & health care that has led to the hospital's funding of housing & supportive services for the chronically homeless.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.

Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Spectrum	Yes	Yes	Yes
	_		
	_		

FY2016 CoC Application	Page 4	1 09/07/2016
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1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Steps to End Domestic Violence(formerly Women Helping Battered Women)	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

VT-501 conducted an open & transparent process open to new and renewing entities. First, the CoC reviewed our current projects and compared to HUD and local priorities. Once the CoC voted on the ranking and reallocation policy on 7.7.16, the CoC reviewed the current projects and voted to reallocate our final TH project with mediocre outcomes. Our letter of intent application was released on

1B-3. How often does the CoC invite new Quarterly members to join the CoC through a publicly available invitation?

FY2016 CoC Application Page 5 09/07/2016
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1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2
How many of the Con Plan jurisdictions are also ESG recipients?	1
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

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FY2016 CoC Application	Page 6	09/07/2016

Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

VT 501 is located within the Burlington Consolidate Plan jurisdiction. The Balance of State CoC is located within the State's Consolidated Plan. However, the both jurisdictions are involded within the Chittenden Homeless Alliance, via participation in monthly Steering Committee meetings & quarterly CoC meetings/ The City is a voting board member & Collaborative Applicant for VT-501. The CoC is consulted for input during consolidating planning. The sole ESG recipient via OEO (Phillips)

participates in several committees and provides Con Plan & CAPER information. PIT data has been supplied to both jurisdictions. The goals to prevent homelessness, rapidly re-house the homeless, provide for basic needs, increase permanent housing are included in the City's Strategic Plan goals to preserve affordable housing units, increase PSH beds, protect the vulnerable through public services to the homeless and antipoverty strategies.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

ESG funding allocations are made by the State of Vermont. Several state offices, including the Office of Economic Opportunity which administers ESG participate actively in VT-501 and standing committees,including strategic planning & coordinated entry. VT's Emergency Solutions Grant funds are blended with state funds & administered under the Housing Opportunity Grant Program. This year, there were 5 agencies in the Chittenden Homeless Alliance that received funding. The State solicits specific feedback from the CoCs and stakeholders through presentations, discussions, and surveys regarding priorities and how to allocate ESG funds to eligible activities as well provide an annual review of the RFP process. In addition, CoC members attend and give input during public hearings. Decisions are based on knowledge of VT-501's operations with an emphasis on how best to realize value for investment.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Steps to End Domestic Violence is the designated domestic violence agency serving the area & has collaborative relationships with homeless assistance agencies & private landlords. Referrals are made to Steps by other providers or

from the hotline. The DV hotline, which operates 24/7 is one point of entry for services. Emergency housing may be provided via the Steps shelter or in community motels. Agency staff assist users in navigating community funding resources for housing with confidentiality & self-determination at the forefront. All contact with Steps is strictly confidential & personal information is only shared with other service providers with the explicit consent of the client. Steps uses its own secure data system, which is not part of HMIS, per the VAWA exemption. The best practice voluntary services approach used, ensures that the client has a choice about where they want to engage, what information is shared, & the housing path(s) that they would like to explore.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Burlington Housing Authority	30.00%	Yes-HCV
Winooski Housing Authority		No
Vermont State Housing Authority	34.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Other housing opportunities targeting homeless persons include our VT Rental Subsidy Program, Family Supportive Housing, Housing Opportunity Programs which blend ESG with state funds & specific MOUs between housers & homeless providers. A Qualified Allocation Plan (QAP), which governs the allocation of federal LITC, elevates projects that set aside at least 25% of their units as PSH for people who are homeless, as a "top tier criteria." Also VT allows projects that set aside a minimum of 10% of their units for supportive housing to receive additional funding in the form of a "basis boost" which increases the equity available by an extra 30%. Setting aside supportive housing units is the only way developers can earn the basis boost. Governor's Executive Order sets 15% goal for housing homeless households in

FY2016 CoC Application	Page 8	09/07/2016
------------------------	--------	------------

all publicly funded housing, affects funding decisions for HOME, CDBG and other funding sources.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	Х
Implemented communitywide plans:	
No strategies have been implemented	
Other:(limit 1000 characters)	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	х
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

FY2016 CoC Application	Page 10	09/07/2016
------------------------	---------	------------

discharged are not discharged into homelessness. (limit 1000 characters)

Not applicable

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)

The CE process is designed with a no wrong door approach and triage to prioritize by need. VT 501 holds drop-in clinics, advertised through outreach, to get persons connected to services. Outreach workers from CoC member Homeless Health Care Project engage people sleeping in encampments and on the street, offering referrals for case management and the VI-SPDAT. Multiple agencies meet weekly to review intakes for emergency housing & assign housing case managers; referrals also come from local hospitals and health clinics. Households scoring high on the VI-SPDAT are referred to the CoC PSH review committee, which meets regularly to coordinate referrals to PSH beds according to vulnerability. Those who refuse the VI-SPDAT can still be reviewed for entry into a PSH bed. Those with lower VI-SPDAT scores work with housing case managers to access RRH resources. A Housing Review Team allocates prevention and RRH financial assistance (security deposits, back rent, utilities) weekly.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list,

FY2016 CoC Application	Page 12	09/07/2016
1 12010 CCC Application	1 490 12	00/01/2010

enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	X						
CDBG/HOME/Entitlement Jurisdiction	X						
Law Enforcement	x	x			X		
Local Jail(s)						X	
Hospital(s)	X						
EMT/Crisis Response Team(s)		X					
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)	X	X	X	X	X		
Public Housing Authorities	X	X	X	X	X		
Non-CoC Funded Youth Homeless Organizations							x
School Administrators/Homeless Liaisons						x	
Non-CoC Funded Victim Service Organizations							x
Street Outreach Team(s)	x	x	x		x		
Homeless or Formerly Homeless Persons	x						

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FY2016 CoC Application	Page 13	09/07/2016

Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

VT-501 COC_REG_2016_135683

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4

100.00%

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?

1F-2 - In the sections below, chec selection to indicate how project ap for the FY 2016 CoC Program Comp CoC's publicly announced Rating and	plications were reviewed	d and ranked
Performance outcomes from APR reports/HMIS:		
% permanent housing exit destinations		x
% increases in income		х
Monitoring criteria:		
Utilization rates		X
Drawdown rates		х
Frequency or Amount of Funds Recaptured by HUD		Х
Need for specialized population services:		
FY2016 CoC Application	Page 14	09/07/2016

Youth	
Victims of Domestic Violence	
Families with Children	
Persons Experiencing Chronic Homelessness	Х
Veterans	
None:	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

VT 501 continues to focus on chronic homelessness to house our most vulnerable after both counting Ch persons during our 100,000 Homes initiative and annual PIT count. The VISPDAT, our common assessment tool is used to assess severity of need. We are pleased to see over a 30% reduction in CH persons. As such, projects that have the highest % of dedicated CH beds receive full points for that measure. The project Ranking Policy and Scoring Tool was approved on 7.16 (attached). Selected criteria derived from APRs include utilization rates, cost effectiveness per bed, % exit to PH and length of PH, access to mainstream benefits, increase income. Also applicants were asked to explain their outreach to CH and if their programs were low barrier and housing first. VT 501 remains committed to ending CH in our CoC.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached. (limit 750 characters)

Selection criteria was voted on by the CoC on 7.16 and distributed via a list serve 7.6.16 in an email blast. The complete ranking of applications was conducted on 8.3.16 and presented to the Steering Committee on 8.4.16 and posted on the City of Burlington's website in addition to the state Vermont Coalition to End Homelessness site on 8.4.16 and updated on both websites with performance measures on 8.29.16. (attached) All information was also distributed on VT 501's listserv and in our monthly Steering Committee meeting.

1F-4. On what date did the CoC and 09/08/2016

FY2016 CoC Application	Page 15	09/07/2016
------------------------	---------	------------

VT-501 COC_REG_2016_135683

Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).

1F-5. Did the CoC use the reallocation Yes process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)

08/04/2016

1F-6. In the Annual Renewal Demand (ARD) Ye is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

VT 501 developed a report card to monitor & evaluate the performance of all CoC recipients on an annual basis including bed utilization, participant eligibility, housing stability, increases in participantincome & access to mainstream benefits, recaptured funds, findings, and regular draw down of funds. This is done via a performance measure report card and dashboard approach. The card identifies the HUD goal for each measure & documents the grantee's compliance. Grantees with poor performance are given technical assistance to improve.

1G-2. Did the Collaborative Applicant include Yes accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Yes Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.

HMIS ICA MOU p, 3-4 outlines responsibilities of CoC and ICA

2A-2. Does the CoC have a HMIS Policies and Yes Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.

2A-3. Are there agreements in place that Yes outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?

2A-4. What is the name of the HMIS software ServicePoint

FY2016 CoC Application	Page 18	09/07/2016	
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used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software Bowman Systems **vendor (e.g., ABC Systems)?**

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation Statewide coverage area:

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

5).	
Funding Source	Funding
СоС	\$124,382
ESG	\$57,500
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$181,882

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$10,000
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$16,000
Other Federal	\$0
Other Federal - Total Amount	\$26,000

2B-2.3 Funding Type: State and Local

Funding Source		Funding
FY2016 CoC Application	Page 20	09/07/2016

City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$50,245
Private - Total Amount	\$50,245

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$258,127
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 05/02/2016 2016 HIC data in HDX, (mm/dd/yyyy):

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	171	14	8	5.10%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	81	28	15	28.30%
Rapid Re-Housing (RRH) beds	124	0	9	7.26%
Permanent Supportive Housing (PSH) beds	141	0	78	55.32%
Other Permanent Housing (OPH) beds	14	0	0	0.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

The primary provider of Emergency Shelter and Transitional Housing in the CoC is not HUD funded and not required to use the HMIS, so the plan is to work with the provider to import data into the HMIS and a regular basis to not only increase bed coverage but also provide data for coordinated entry. The PSH bed coverage will be improved through the inclusion of HUD VASH beds directly entering data into the HMIS by the beginning of the next federal fiscal year.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

FY2016 CoC Application	Page 22	09/07/2016
------------------------	---------	------------

VA Grant per diem (VA GPD):	
VASH:	X
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or Annually assess its **HMIS bed coverage?**

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	1%
3.3 Date of birth	3%	0%
3.4 Race	3%	2%
3.5 Ethnicity	3%	0%
3.6 Gender	3%	0%
3.7 Veteran status	1%	3%
3.8 Disabling condition	1%	3%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	0%	0%
3.15 Relationship to Head of Household	3%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):			X
ESG Consolidated Annual Performance and Evaluation Report (CA	APER):		X
Annual Homeless Assessment Report (AHAR) table shells:			X
VA SSVF Export, RHY Export, PATH APR/QPR, HOPWA APR/CAPER	र		х
FY2016 CoC Application	Page 24	09/07	7/2016

Page 25

09/07/2016

FY2016 CoC Application

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered Yes PIT count methodology for the 2016 sheltered PIT count?

2E-2. Indicate the date of the most recent 01/26/2016 sheltered PIT count: (mm/dd/yyyy)

2E-2a. If the CoC conducted the sheltered PIT Not Applicable count outside of the last 10 days of January 2016, was an exception granted by HUD?

2E-3. Enter the date the CoC submitted the 05/02/2016 sheltered PIT count data in HDX: (mm/dd/yyyy)

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Х
ion
ion
Х

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Chittenden Homeless Alliance works together with the BOS to develop and formalize the PIT survey & provides training for all volunteers & shelter staff members. The CoCs chose the same methodology to ensure accuracy &

FY2016 CoC Application Page 27 09/07/2016

uniformity. A PIT Committee reviewed/edited the survey. The form is distributed in advance with additional information on their specific program to add to each PIT survey. Staff & volunteers conduct a by person survey of each sheltered person/family the day of the count.Collaborative applicant & PIT committee reviewed each survey for accuracy; follow up as needed with surveyors, shelter providers, websites, VT 211 database. The completed forms are submitted; entered in a google form spreadsheet and de-duplicated.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

No changes were made in our methodology from last year to ensure uniformity and consistency. We did use a google form spreadsheet to enter data and deduplicate.

2F-5. Did your CoC change its provider No coverage in the 2016 sheltered count?

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

<u> </u>	
Training:	X
Follow-up:	Х
HMIS:	
Non-HMIS de-duplication techniques:	Х

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

This past year, the PIT count planning included active participation from VT 211 as well as our HMIS lead. In addition, our HMIS lead provided a google form spreadsheet and provided training for a discrete number of data input volunteers to ensure accuracy. The PIT committee delivered a quality Go To Meeting Webinar training for all agencies and volunteers. We continued to collaborate with the VT Coalition of Ruanaway and Homeless Youth Programs and added a collaboration with the hospital and emergency/economic services.

FY2016 CoC Application	Page 29	09/07/2016

2H. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final Yes unsheltered PIT count methodology for the most recent unsheltered PIT count?

2H-2. Indicate the date of the most recent 01/26/2016 unsheltered PIT count (mm/dd/yyyy):

2H-2a. If the CoC conducted the unsheltered Not Applicable PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?

2H-3. Enter the date the CoC submitted the 05/02/2016 unsheltered PIT count data in HDX (mm/dd/yyyy):

2I. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

•	
Night of the count - complete census:	
Night of the count - known locations:	Х
Night of the count - random sample:	
Service-based count:	
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

Outreach works took to survey the unsheltered where they normally perform outreach & provide services including known encampments & street locations. Because the unsheltered homeless have formed relationshops with these workers they were more likely to disclose information and answer survey questions. Unsheltered were also reached at the Daystation, Food Shelf & Salvation Army where they might receive a free meal, services or day shelter from the elements. Methodology (unique identifier) remained consistent from previous year to ensure uniformity & accuracy. Survey tool was reviewed/edited by statewide PIT committee; appearance changed. Only surveys used to count unsheltered. Relied also on known locations from 100,000 survey done 10/14.Collaborative applicant/Data subcommittee reviewed each survey for accuracy; follow up as needed with surveyors. Surveys entered into google spreadsheet.

		1
FY2016 CoC Application	Page 31	09/07/2016

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count). (limit 1000 characters)

The Chittenden County Homeless Allicance chose to use the same methodology for both the unsheltered and sheltered count for 2016 as the previous year. A joint PIT committee with the BOS reviewed/edited/redesigned the survey tool and added clarifying question on chronic homeless and continue to track length and severity of homelessness. The PIT subcommittee also delivered a webinar training for the count that was available online after the webinar. With the new HMIS lead, all data was entered into a custom designed google spreadsheet by several trained data input volunteers.

2I-4. Has the CoC taken extra measures to Yes identify unaccompanied homeless youth in the PIT count?

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.

(limit 1000 characters)

Not applicable.

2J. Continuum of Care (CoC) Unsheltered Pointin-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	
Unique identifier:	Х
Survey questions:	X
Enumerator observation:	
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Few changes were made to VT 501's implementation of the unsheltered Point in Time count to ensure consistency & accuracy. The webinar was continued for training. We continue to use unique identifiers to reduce duplication. The CoC continue to track lengths of homelessness and severity of needs. Additionally, rephrased questions to get a clear count of those that are considered chronically homeless.

FY2016 CoC Application	Page 33	09/07/2016

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	471	332	-139
Emergency Shelter Total	326	190	-136
Safe Haven Total	0	0	0
Transitional Housing Total	63	80	17
Total Sheltered Count	389	270	-119
Total Unsheltered Count	82	62	-20

3A-1b. Number of Sheltered Persons Homeless - HMIS. Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	57
Emergency Shelter Total	6
Safe Haven Total	0
Transitional Housing Total	51

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

FY2016 CoC Application	Page 34	09/07/2016
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Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

(limit 1000 characters)

VT 501 identifies & reduces the # becoming homeless for the 1st time. Risk factors include violations of federal subsidized rental assistance programs like unauthorized guests, drug dealing, violence, criminal charges, substance/opiate addiction. Landlords, media, police reports & partners w/service providers identify risks. Eviction prevention programs with local housers address late payments & housekeeping/hoarding issues (Clutter Image Rating Scale). Statefunded (and landlord too) housing retention positions at PHA works w/landlord-identified at risk tenants to resolve issues, maintain housing. 2-1-1 & service agencies direct those needing prevention assistance to Housing Review Team. Weekly meetings review & allocate prevention resources to reduce risk. Hospital refers to Community Health Team or to CE process. Classes to develop better tenant skills/practices, improve credit, create savings. paired w/local HA subsidy & HA RRH team services.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless. (limit 1000 characters)

Data collected from the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) details length of time homeless. There are currently 61 persons known to the community who are currently experiencing homelessness and have scored at least a 10 on the VI-SPDAT (indicating a high severity of service need & a recommendation for PSH). Of this group, 53 persons indicated they have been homeless at least one year (cumulative), indicating likelihood of chronic homelessness. 23 persons have experienced 5 or more years of homelessness; 13 persons have experienced at least 10 years of homelessness. The average length of time of homelessness for this demographic is 6 years.

With this tool, persons are prioritized based on the higher needs. By using a community wait list, prioritizing & knowing the specific needs of our homeless neighbors, we are able to reduce the length of time individuals/families remain homeless.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations: Fill in the chart to indicate the extent to which projects exit program

FY2016 CoC Application	Page 35	09/07/2016
------------------------	---------	------------

participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	17
Of the persons in the Universe above, how many of those exited to permanent destinations?	9
% Successful Exits	52.94%

3A-4b. Exit To or Retention Of Permanent Housing: In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	40
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	38
% Successful Retentions/Exits	95.00%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

Strategies VT-501 to minimize returns to homelessness include: monthly meeting w/PSH partners to discuss participants ability/barrier to staying housed, identify gaps in services/expand support. Housing retention- RRH position state-funded includes mental health, substance abuse, family unification, DV, hoarding resolution. Consider other funding, local HA preference, private funds/ landlord partners to keep someone housed. Monthly coordinated service meetings for motel clients discuss ways to mitigate returns. Housers provide eviction prevention programs. HMIS is central hub for monitoring & evaluating returns to homelessness. It provides data through the HUD System Performance Measure reports (Measure 2) to track annual progress & customized reports for evaluating homeless returns, with detail on the characteristics of those that return to homelessness. The CoC is using a statewide system, there is an ability evaluate returns to homelessness that occur outside its jurisdiction.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's

FY2016 CoC Application Page 36 09/07/201
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Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

With specific strategies, VT-501's CoC-funded projects have increased income derived from employment & non-employment sources. CoC's access to mainstream resources is 97%. Our strategy is a single on-line application for 4 benefit programs & ability for case managers to follow up. VT SOAR supports homeless households to achieve non-employment income with local leads & several homeless & psychiatric service providers. A SNAP/3SquaresVT E&T pilot, Jobs For Independence, is a 3 yr study enrolling 3,000 participants statewide to determine what strategy has the greatest impact on helping people gain employment. Participants are able-bodied adults w/o dependents who are experiencing homelessness, dealing with substance abuse/mental health issues, &/or criminal histories. Strong partnership between several state agencies, Community Action Programs & colleges exist. In VT 501, the local agency attends qtrly Here to Help Clinic as 1 way to coordinate services for eligible participants.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)

VT-501, after this collaborative application, will fund 6 PSH projects, 1 RRH project, 1 SSO – CE and 1 HMIS project. Of the 7 CoC housing projects, 100% have relationships with Division of Vocational Rehab and Department of Labor. VT DOL- Career Resource in Burlington offers computer access, resume building, & work search groups. Individual CoC agencies & programs offer job skills development, support groups & job bank positions with employers open to the homeless. Creative Workforce Solutions for the VT AHS recruits community businesses & collaborates with community providers (including CoC-funded projects) to participate in job training programs offered, through a referral service from providers, to employers willing to hire higher needs households (criminal background, recent institution discharges, disabilities, low skills) with on-the-job training. With a focus on employment to increase income, long-term housing stability is achieved & future episodes of homelessness prevented.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

The Chittenden County Homeless Alliance did not exclude specific areas from the coC's unsheltered PIT count. In fact, using knowledge from outreach caseworkers, police and 100,000 Homes registry event, encampments and other unsheltered spaces were identified and participants surveyed.

3A-7a. Did the CoC completely exclude No geographic areas from the the most recent PIT count (i.e., no one counted there and, for

FY2016 CoC Application	Page 37	09/07/2016
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communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

> 3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)? (limit 1000 characters)

Not applicable

3A-8. Enter the date the CoC submitted the 07/25/2016 system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

Not applicable

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;

 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and
- 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	101	68	-33
Sheltered Count of chronically homeless persons	58	37	-21
Unsheltered Count of chronically homeless persons	43	31	-12

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

FY2016 CoC Application	Page 39	09/07/2016
------------------------	---------	------------

Applicant: Burlington/Chittenden County CoC Project: VT-501 CoC Registration FY 2016

> The Chittenden County Homeless Alliance is pleased to see the results of the significant outreach through our 100,000 Homes Registry event, community waitlist, VISPDAT and reallocation to create new PSH units result in a significant decrease in the number of chronic homeless in our community.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	35	94	59

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The increase in beds dedicated to the chronically homeless is part of the Alliance's strategy to reallocate funds to create more PSH to reduce our CH population. In the past year, we added more PSH beds in two ongoing projects and also created a new project with 19 new beds. In addition, the state VASH program now has 35 beds dedicated to CH. All in all, the Chittenden Continuum of Care saw an increase of 59 beds dedicated to chronic homeless.

3B-1.3. Did the CoC adopt the Orders of Yes Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons **Experiencing Chronic Homelessness in Permanent Supportive Housing and** Recordkeeping Requirements for **Documenting Chronic Homeless Status?**

3B-1.3a. If "Yes" was selected for question page 1 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.

FY2016 CoC Application	Page 40	09/07/2016	

3B-1.4. Is the CoC on track to meet the goal No of ending chronic homelessness by 2017?

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

The Chittenden County Homeless Alliance continues to need additional units for permanent supportive housing to house our chronically homeless. In addition, more comprehensive use of our common assessment tool, the VISPDAT, would effectively prioritize those in most need. The CoC has reallocated resources to create a position focused on implementing Coordinated Entry. Additionally, the CoC continues to reallocate for additional PSH targeted at serving the chronically homeless population to increase housing opportunities. New housing stock dedicated to PSH is being created. These types of activities will help our CoC move towards the goal of ending CH by 2017.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

	<i>,</i>
Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	Х
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

FY2016 CoC Application Page 42 09/07/2016

Vt - 501 begins a new RRH program for DV victims/families to rapidly rehouse about 13-15 families in this coming year. In addition, Chittenden has adopted a housing first, prioritization policy for those individuals and families needing permanent supportive housing. During a recent 100,000 Homes registry event for families, we recorded a significant number of families scoring high enough to warrant PSH. Local HA is partnering with affordable houser to combine FUP subsidy with apartments as they become vacantLast year, Vermont adopted a 5 year Plan to End Family Homelessness. This included a commitment to increase housing production for those families at 30% of the AMI. Vermont's Housing Opportunity Program funded with ESG and state funds, provides prevention/shelter/short term RRH with target PH placement rates of 70% of households within 28 days.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	6	36	30

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference	
FY2016 CoC Application	n	Page 43	09/07/2016	

Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	43	43	0
Sheltered Count of homeless households with children:	39	43	4
Unsheltered Count of homeless households with children:	4	0	-4

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

VT 501 Chittenden County Homeless Alliance did see a decrease in the number of unsheltered families from 2015 to 2016. This can be attributed to increased outreach to streets and encampments by our effective Homeless Health Care Project, standard assessment for housing and increased beds with Harbor Place and family shelters. VT 501 saw no change in the number of homeless families beacuse our area has an extremely low vacancy rate with few apartments with multiple bedrooms for families. It is more difficult to house a family than an individual. Almost all of our S+C programs focus on our CH individual population. With a new RRH project for DV individuals and families, along with a system-wide CE project and standard assessment, VT-501 expects to see a decrease in the number of homeless families in our next Point in Time count.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	X

FY2016 CoC Application	Page 44	09/07/2016
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Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	x
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	Х
Length of time homeless:	Х
Unsheltered homelessness:	Х
Lack of access to family and community support networks:	Х
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	1	4	3

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.

FY2016 CoC Application Page 45 09/07/2016

(limit 1000 characters)

The number of unaccompanied youth and children who were in an unsheltered situation was higher in 2015 due to several factors: youth aging out of foster care, parents unable to house their children due to losing jobs, housing or struggling with addiction and also those who are involved in Department of Correction custody. In addition, our outreach into encampments and street has become more effective in connecting those with shelter and services and housing first.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$798,923.00	\$809,456.00	\$10,533.00
CoC Program funding for youth homelessness dedicated projects:	\$52,063.00	\$62,596.00	\$10,533.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$746,860.00	\$746,860.00	\$0.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	1
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	18

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

Chittenden Homeless Alliance & partners work closely with school liaisons. Historically, a school liaison attended monthly CoC meetings & receives updates from our listserv. Strategic planning with education partners takes place on a local & state level. Building Bright Futures is a public-private partnership focused on improving the systems of care for your children & their families. CoC partners regular attend along with homeless school liaisons. One meeting focused just on homeless resources. The BFF director attended one of our Alliance quarterly meetings. VT Dept. of Education-State Homelessness Coordinator & Deputy Commissioner for Child Development Division are members of Governor's 22- member Interagency Council on Homelessness, along with VT 501 members & OEO (ESG Administrator & participant). VT 501

FY2016 CoC Application Page 46 09/07/2016

Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

collaborated closely with school liaisons for our 100,000 Homes Registry initiative for families.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. (limit 2000 characters)

VT – 501 follows the State of Vermont's Education for Homeless Children and Youth program to ensure that homeless are informed of their eligibility for educational services. Homeless students have equal access to the same free, appropriate, public education (including public preschool) provided to other Vermont children & federal law requires every ESG-funded agency explain MV educational rights at

intake. Homeless case managers provide families with children, the contact information of the homeless liaison at their child(ren)'s school. Parent can communicate directly with teachers, school social workers and the principal as needed. Supports necessary to attend school are provided included transportation arranged to & from school if needed, proper nutrition & health care. Lund's teen parent program maintains a curriculum agreement between schools & students; assists with transcript/credit transfers. Youth also meet with case managers who include educational/occupational goals in their service plans. Youth are referred to VSAC, VT Adult Learning, JOBS(Jump on Board for Success)program in collaboration with Voc Rehab. ReSource, CoC partner, directs a YouthBuild program available to homeless youth & works with guidance counselors to identify participants.

Local agencies use an SSOM (Self Sufficiency Matrix) for households receiving Housing Navigation services; it is a useful tool to help identify issuesof concern and orient the conversation when working with households that are homeless or at risk of homelessness and includes a category of "Child Development and Education", specifically noting whether the child is enrolled in school. These are the policies and procedures in place at CoC agencies to ensure homeless students received access to educational services.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

Our HUD-funded RRH project partner, STEPS, has an MOU on the OVW Consolidated Grant to Address Children and Youth Experiencing Domestic and Sexual Violence along with other agencies & Burlington High School & Burlington School District Superintendent. One of our CoC partners, CVOEO, has a written agreement to serve Head Start & Early Head Start children & families. CoC partner, COTS, family shelter provider, has MOUs with Child Care

FY2016 CoC Application	Page 47	09/07/2016
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Resource Center, Burlington Children's Space, Early Learning Preschool, & Howard Center. MOUs connect children with early educational enrichment, Head Start, healthy snack program & Family Supportive Housing. Related to education, there are ongoing partnerships with: YMCA (for use of facilities for children in shelter connection to preschool, and summer camps), UVM Early Education Dept. (related specifically to early education). Other aprinterships exist with child care providers.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	25	31	6
Sheltered count of homeless veterans:	24	24	0
Unsheltered count of homeless veterans:	1	7	6

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

There are a number of reasons why Chittenden County has experienced an increase in the total number of homeless veterans. First, because the way the Point in Time Count is administered and how veteran is defined, it is possible that the number of veterans is inflated. Second, Vermont is experiencing an opioid epidemic and many younger veterans are falling prey to addiction. They often gravitate to larger communities like Burlington for supplies. On the other hand, there are more services available in our community for those veterans who need health, addiction, mental health services. However, the two Continua are working together with a statewide Veterans Sub-Committee. The work on a universal release form, by name list and weekly case management meetings should produce rapid results for housing veterans and reducing this number in 2017.

FY2016 CoC Application	Page 49	09/07/2016
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Applicant: Burlington/Chittenden County CoC **Project:** VT-501 CoC Registration FY 2016

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF. (limit 1000 characters)

Outreach to homeless is conducted on the street & in encampments by both Veteran & Community-based workers. VA HCHV (Healthcare for Homeless Veterans) staff hold weekly drop-in service at the day shelter resulting in new Veterans getting enrolled in VA care and services. Coordination allows for direct referrals.

Homeless Veterans referred to the VA are screened & assessed using a HOMES (VA Homeless Operations Management & Evaluation System) screening tool. The assessment tool provides options for referrals to be tracked to appropriate services to include VA, VA-funded, and non-VA/community resources. VT 501 uses a VISPDAT to assess for PSH including Veterans. The VA facilitates a statewide effort to develop a Priority List of all literally homeless Veterans within VT. Non-VA organizations make phone or email referrals directly to a VA case manager. Eligibility for VA services will be determined and if appropriate, we will provide the case management services from that point on.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	18	31	72.22%
Unsheltered Count of homeless veterans:	0	0	0.00%

3B-3.4. Indicate from the dropdown whether Yes you are on target to end Veteran homelessness by the end of 2016.

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016? (limit 1000 characters)

VT 501 partners with the Statewide VA Committee to achieve functional zero

FY2016 CoC Application	Page 50	09/07/2016
------------------------	---------	------------

veteran homelessness this year. The statewide group is implementing a by name registry list as well as a universal release form. With current VASH and SSVF resources, VT 501 plans to house as many as possible.

The Health Care for Homeless Veterans team via the Community Based Outpatient Clinic uses resources for veterans to house & stabilize. Locally, both new & existing units are set aside for veterans. A standard VA MOU is used with housing providers, covering referral of veterans for housing & post-placement supportive services. VT SSVF grantees utilize the community flier/staffing matrix, providing a single point of entry through the VA. In VT 501, our VA rep is part of the CE process providing assessment of the community-wide waitlist as households are screened & placed into permanent housing. This is a vital role in collaborating with all of our community partners to house our Veterans.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide Yes information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?

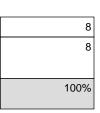
4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):

Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).

Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:



4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Vermont Health Connect is the state health insurance network. CHCB is the sole state funded certified navigation center & VT 501 partner in Chittenden County. The Patient Support Team of 3.5 FTE's assist community residents in health insurance enrollments, Medicaid renewal forms & troubleshooting, & access to sliding fee scale financial assistance programs when Medicaid insurance is exhausted. Navigators serve a distinctly diverse population. In 2015, 17% of CHCB's 70,000 plus patient visits were interpreter assisted and 60% of patients are low income and enrolled in Medicaid programs. CHCB also

FY2016 CoC Application	Page 52	09/07/2016
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operates Vermont's only Health Care for the Homeless Program which served 1400 individuals in 2015 and ensures access to insurance connection support at our Safe Harbor Health Center, a walk in facility for homeless adults and families. At another partner site, CVOEO, a navigator assistant has had great success in reaching the New American community with service and access to enrollment.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	8
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	7
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	88%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	8
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	8
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	Х

09/07/2016
4

Use of phone or internet-based services like 211:	Х
Marketing in languages commonly spoken in the community:	
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	16	124	108

4B-5. Are any new proposed project No applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?

(limit 1000 characters)

Not applicable

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

FY2016 CoC Application	Page 55	09/07/2016
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defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

Not applicable.

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.

(limit 1500 characters)

Not applicable.

4B-9. Did the CoC or any of its CoC program No recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

FY2016 CoC Application	Page 56	09/07/2016
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Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	X

VT-501

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
	_	

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes		
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	Ranking Policy	08/09/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	City Website Posting	08/29/2016
05. CoCs Process for Reallocating	Yes	Ranking and Reall	08/09/2016
06. CoC's Governance Charter	Yes		
07. HMIS Policy and Procedures Manual	Yes	HMIS Manual	08/29/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	BHA admin plan	08/29/2016
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	HMICS ICA MOU Rol	08/22/2016
11. CoC Written Standards for Order of Priority	No	Prioritization Po	08/23/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes		
14. Other	No	State Website Pos	08/29/2016
15. Other	No	VSHA Preference P	08/31/2016

FY2016 CoC Application	Page 58	09/07/2016
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Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: Ranking Policy

Attachment Details

Document Description: City Website Posting

Attachment Details

Document Description: Ranking and Reallocation Process

Attachment Details

Document Description:

FY2016 CoC Application	Page 59	09/07/2016]
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Attachment Details

Document Description: HMIS Manual

Attachment Details

Document Description:

Attachment Details

Document Description: BHA admin plan

Attachment Details

Document Description: HMICS ICA MOU Roles. Responsibilities

Attachment Details

Document Description: Prioritization Policy

Attachment Details

FY2016 CoC Application	Page 60	09/07/2016
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Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: State Website Posting

Attachment Details

Document Description: VSHA Preference Policy

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated		
1A. Identification	08/26/2016		
1B. CoC Engagement	Please Complete		
1C. Coordination	09/07/2016		
FY2016 CoC Application	Page 62	09/07/2016	

1D. CoC Discharge Planning	08/11/2016		
1E. Coordinated Assessment	09/07/2016		
1F. Project Review	09/07/2016		
1G. Addressing Project Capacity	08/16/2016		
2A. HMIS Implementation	08/23/2016		
2B. HMIS Funding Sources	08/23/2016		
2C. HMIS Beds	08/24/2016		
2D. HMIS Data Quality	08/26/2016		
2E. Sheltered PIT	08/16/2016		
2F. Sheltered Data - Methods	08/16/2016		
2G. Sheltered Data - Quality	08/16/2016		
2H. Unsheltered PIT	08/16/2016		
2I. Unsheltered Data - Methods	08/26/2016		
2J. Unsheltered Data - Quality	08/16/2016		
3A. System Performance	09/07/2016		
3B. Objective 1	09/07/2016		
3B. Objective 2	09/07/2016		
3B. Objective 3	08/31/2016		
4A. Benefits	09/07/2016		
4B. Additional Policies	08/25/2016		
4C. Attachments	Please Complete		
Submission Summary	No Input Required		

Continuum of Care

<u>Purpose</u>: To guide the Chittenden CoC, Application Ranking Committee and Collaborative Applicant in the activities required to perform ranking of CoC grant applications for the annual HUD Continuum of Care-Homeless Assistance Notice of Funding Availability (NOFA).

<u>Policy</u>: This policy was developed to ensure that the scoring and ranking of CoC grant application requests are conducted in a fair, transparent, & unbiased manner. The Chittenden Homeless Alliance Steering Committee (Executive Body of the CoC) reviewed, edited and approved this policy and accompanying rating tool on December 30, 2013 with a majority vote. This process has been amended for the 2015 NOFA cycle. This process was further amended for the 2016 NOFA cycle.

Procedures: The approved ranking measures and data sources used to evaluate all CoC grant application requests will be provided to all applicants before the Application Ranking Committee meets to review and rank their projects. The Collaborative Applicant will collect all specified data for each CoC project application and provide the letter of intent to the Application Ranking Committee to conduct the review. The Collaborative Applicant will be present at the meeting of the CoC Ranking Team to provide technical assistance as needed. After the preliminary ranking determination and recommended selective cuts (if applicable) of the Application Ranking Committee is complete, the Collaborative Applicant will send an individual summary and project rank number to each project applicant and release the rankings to the Continuum. The project priority list and funding will be submitted to the Steering Committee and voted on in August. Each project applicant may appeal the ranking determination of their individual project by submitting a written appeal to the Chittenden Homeless Alliance Steering Committee and making a presentation at the September Steering Committee meeting. Upon completion of the appeal review, the Chittenden Homeless Alliance Steering Committee will make a final determination. The Collaborative Applicant will send the final CoC project ranking list to the CoC, and all individual project applicants, to be posted on the City of Burlington website to ensure transparency and compliance with the 2016 CoC NOFA no later than 15 days before the date the application is due. The entire Consolidated Application will be posted online for review and comments. The Steering Committee will have a final vote on the submittal of the Application.

Ranking Team: The CoC Application Ranking Committee will be made up of unbiased members familiar with CoC programs and the community's homeless system. At the beginning of the ranking meeting, the Application Ranking Committee members will provide a statement of confidentiality and no conflict of interest in the regard to any discussions or determinations of specific project applications and/or applicants. Members will be recruited yearly and their eligibility verified (no conflicts of interest) by the CoC.

The Committee may consider adjustments for such issues as HUD incentives or requirements. The Committee may consider proposal changes or project general budget adjustments that may be required to meet community needs. The Committee determines the rank and funding levels of all projects considering all available and objective information.

The following members were approved by the Chittenden CoC to review and rank the Chittenden CoC project applications for the 2016 HUD CoC NOFA competition:

Continuum of Care

- United Way of Northwest Vermont (Diana Carminati)
- Burlington Police Department (Lacey Smith)
- Department of Veteran Affairs (Jason Brill)
- Vermont Center for Independent Living (Kimberly Colville)
- ANEW Place (Valerie Brosseau)
- VT Agency of Human Services (Jane Helmstetter)
- Cathedral Square (Laura Wilson)
- City of Burlington/Collaborative Applicant (Marcy Esbjerg) non voting

<u>Ranking Process</u>: The CoC will implement goals for each HUD CoC NOFA application cycle which maximize competitiveness of the CoC's Consolidated Application in consideration of local CoC priorities.

The independent Application Ranking Committee will meet to review data from each CoC letter of intent to determine how it meets the scoring criteria established in the CoC project rating tool, minimum grant requirements, and established HUD/CoC priorities. These combined factors will inform the Application Ranking Committee how to determine the CoC project ranking list and, if applicable, any necessary funding reductions to one or more projects.

<u>Rating Tool Measures (see attachment)</u>: HUD Housing Priority, HMIS Data Quality & APR, Participant Project Performance, Target Population, Leverage, Bed Utilization and Expenditure of Funds. *Sources: Annual Performance Report; Drawdown Reports.*

<u>Standard Minimum Grant Requirements</u>: leverage match, expenditure of grant funds (slow or fast), bed utilization, cost effectiveness of project, HMIS implementation and compliance, and other minimum grant terms. *Sources: Annual Performance Reports;*; *LOCCS draws; HMIS Data Quality Reports.*

<u>CoC Priorities</u>: In addition to the above rating tool criteria and minimum grant requirement thresholds, the CoC approved the following local priorities for the Application Ranking Committee to consider in determining a project's rank and potential selective grant reductions.

Reallocation Process: The Steering Committee will review the Grant Inventory Worksheet and grant line up in sufficient time to allow for potential reallocation of funds. The Steering Committee will duly advertise any upcoming vote or discussion on the reallocation process. For the 2016 NOFA cycle, the reallocation process and vote took place during the July meeting. The Steering Committee reviewed Chittenden's projects versus the CoC's and HUD's priorities. The Steering Committee will consider reallocation during the July meeting. and ranked the following in priority status: 1) Permanent Supportive Housing; 2)Dedicated HMIS/Coordinated Entry; 3)Rapid Rehousing and 4) Other eligible activities.

Continuum of Care

FY2016 CoC FundingTier 1 and Tier 2 Process:

The Ranking Committee will follow the directions in the NOFA for the Tier 1 and Tier 2 funding process. HUD will establish the amounts of Chittenden's Tier 1 and Tier 2. Tier 1 is equal to 93% of the CoC's Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for the permanent housing bonus.

Project Determinations and Appeals Process: Applications which do not meet the minimum threshold requirements will not be included in the CoC Consolidated Application submitted to HUD for consideration. If more applications are submitted than the CoC has money to fund, the Application Ranking Committee will rank the grants in order of the agreed upon priority as approved by the Chittenden CoC Steering Committee. The Collaborative Applicant will send formal notification of the determination made by the Application Ranking Committee to each project applicant along with: individual project ranking summary report, individual project ranking number, and potential budget reduction. Any appeals to the Application Ranking Committee's determinations for projects may be presented to the Chittenden Homeless Alliance Steering Committee during the September meeting. After all appeals are heard, the Chittenden Homeless Alliance Steering Committee will vote to finalize on the Review and Ranking Committee's recommendation. The Steering Committee's final recommendation, along with the corresponding grant amount for all projects, will be distributed to the Continuum and posted on the appropriate websites.

HUD's Policy Priorities

- 1. Create a systemic response to homeless.
 - a. Measure System Performance.
 - b. Create an effective Coordinated Entry Process
 - c. Promote participant choice.
 - d. Plan as a system.
 - e. Make the delivery of homeless assistance more open, inclusive and transparent.
- 2. Strategically allocate resources
 - a. Comprehensively review project quality, performance and cost effectiveness.
 - b. Maximize the use of mainstream and other community-based resources.
 - c. Review transitional housing projects.
 - d. Integration with persons with disabilities.
- 3. End chronic homelessness.
 - a. Target persons with highest needs and longest histories of homelessness for PSH.
 - b. Increase units
 - c. Improve outreach.
- 4. End family homelessness.
- 5. End youth homelessness.
- 6. End verteran homelessness.
- 7. Use a Housing First Approach.
 - a. Use data to quickly and stably house homeless persons.
 - b. Engage landlords and property owners.
 - c. Remove barriers to entry.
 - d. Adopt client-centered service methods.

CEDO / City Hall Room 32 802-865-7144 / cedofd@burlingtonvt.gov Find us on facebook and twitter

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- About CEDO
- Brownfields
- Business Resources
- CDBG
- **Community Services &** Engagement
- Community Justice Center
- **Community Development and Neighborhood Revitalization**
- Diversity & Equity Initiatives
- > Downtown Development / Mall
- Housing

Access Modifications

Buy a Home

Home Repair

Landlord Assistance

Housing Action Plan

Ending Homelessness

Fair Housing

Fair Market and Affordable Rents

Ending Homelessness

The Chittenden County Homeless Alliance is a coalition of individuals, organizations, and government who support our vision of a safe, decent, affordable, stable home for every person and family in Chittenden County. Our mission is to end homelessness in Chittenden County by being a forum for gathering information, building consensus, coordinating efforts, and advocating the end of homelessness through prevention, early intervention, and remediation. To effectuate our mission and achieve our vision, the Alliance:

- 1. Holds four meetings of the full Continuum of Care and actively seeks new members at least annually;
- 2. Gathers and disseminates information about the incidence, prevalence, and current and emerging causes of homelessness including conducting an annual Point in Time count;
- 3. Identifies and prioritizes solutions to homelessness including "bricks and mortar," economic, legal, and social service and program impediments;
- 4. Develops and advocates government, programmatic, and legal policies that further the Alliance's vision;
- 5. Establishes and follows written standards for providing CoC assistance, in consultation with the recipient of Emergency Solutions Grants program funds.
- 6. Marshals federal, state, and local government and other resources to further our mission;
- 7. Coordinates our efforts with the Balance of State Continuum of Care as appropriate; and
- 8. Moves its agenda forward through annual and multi-year planning including establishing performance goals and measuring and monitoring progress toward these goals;
- 9. Evaluates all CoC and ESG funded programs and effectuates change as needed;
- 10. Develops a written process for Board selection and reviews that process at least every five years;
- 11. Designates and operates a Homeless Management Information System (HMIS) at a minimum to meet HUD HMIS requirements;

The City is currently the Collaborative Applicant with the local Continuum of Care (Homeless Alliance) and administers the annual Notice of Funding Availability Application for the Continuum. HUD recently released the Notice of Funding Availability and for more information you can read the notice here.

Chittenden County Homeless Alliance (Chittenden CoC) released a Notice of Funding Availability and received 11 eligible applications. Of those applications, 8 are renewal projects, 2 are new projects and one is a bonus project. On August 3, the Chittenden Application Ranking Committee met to review, score, rank and recommend funding for the Alliance. The criteria used included the following performance measures: bed utilization rates; % of participants entering with status of literal homeless; % of adult participants who increased income; % who exited to permanent housing; % who remained in permanent housing after 6+ months; % accessing one or more mainstream services; timely submission of APRs and timely drawdowns from LOCCs. These performance measures are in addition to scoring by type of project with a focus on serving chronic homeless, use of coordinated













Continuum of Care

<u>Purpose</u>: To guide the Chittenden CoC, Application Ranking Committee and Collaborative Applicant in the activities required to perform ranking of CoC grant applications for the annual HUD Continuum of Care-Homeless Assistance Notice of Funding Availability (NOFA).

<u>Policy</u>: This policy was developed to ensure that the scoring and ranking of CoC grant application requests are conducted in a fair, transparent, & unbiased manner. The Chittenden Homeless Alliance Steering Committee (Executive Body of the CoC) reviewed, edited and approved this policy and accompanying rating tool on December 30, 2013 with a majority vote. This process has been amended for the 2015 NOFA cycle. This process was further amended for the 2016 NOFA cycle.

Procedures: The approved ranking measures and data sources used to evaluate all CoC grant application requests will be provided to all applicants before the Application Ranking Committee meets to review and rank their projects. The Collaborative Applicant will collect all specified data for each CoC project application and provide the letter of intent to the Application Ranking Committee to conduct the review. The Collaborative Applicant will be present at the meeting of the CoC Ranking Team to provide technical assistance as needed. After the preliminary ranking determination and recommended selective cuts (if applicable) of the Application Ranking Committee is complete, the Collaborative Applicant will send an individual summary and project rank number to each project applicant and release the rankings to the Continuum. The project priority list and funding will be submitted to the Steering Committee and voted on in August. Each project applicant may appeal the ranking determination of their individual project by submitting a written appeal to the Chittenden Homeless Alliance Steering Committee and making a presentation at the September Steering Committee meeting. Upon completion of the appeal review, the Chittenden Homeless Alliance Steering Committee will make a final determination. The Collaborative Applicant will send the final CoC project ranking list to the CoC, and all individual project applicants, to be posted on the City of Burlington website to ensure transparency and compliance with the 2016 CoC NOFA no later than 15 days before the date the application is due. The entire Consolidated Application will be posted online for review and comments. The Steering Committee will have a final vote on the submittal of the Application.

Ranking Team: The CoC Application Ranking Committee will be made up of unbiased members familiar with CoC programs and the community's homeless system. At the beginning of the ranking meeting, the Application Ranking Committee members will provide a statement of confidentiality and no conflict of interest in the regard to any discussions or determinations of specific project applications and/or applicants. Members will be recruited yearly and their eligibility verified (no conflicts of interest) by the CoC.

The Committee may consider adjustments for such issues as HUD incentives or requirements. The Committee may consider proposal changes or project general budget adjustments that may be required to meet community needs. The Committee determines the rank and funding levels of all projects considering all available and objective information.

The following members were approved by the Chittenden CoC to review and rank the Chittenden CoC project applications for the 2016 HUD CoC NOFA competition:

Continuum of Care

- United Way of Northwest Vermont (Diana Carminati)
- Burlington Police Department (Lacey Smith)
- Department of Veteran Affairs (Jason Brill)
- Vermont Center for Independent Living (Kimberly Colville)
- ANEW Place (Valerie Brosseau)
- VT Agency of Human Services (Jane Helmstetter)
- Cathedral Square (Laura Wilson)
- City of Burlington/Collaborative Applicant (Marcy Esbjerg) non voting

<u>Ranking Process</u>: The CoC will implement goals for each HUD CoC NOFA application cycle which maximize competitiveness of the CoC's Consolidated Application in consideration of local CoC priorities.

The independent Application Ranking Committee will meet to review data from each CoC letter of intent to determine how it meets the scoring criteria established in the CoC project rating tool, minimum grant requirements, and established HUD/CoC priorities. These combined factors will inform the Application Ranking Committee how to determine the CoC project ranking list and, if applicable, any necessary funding reductions to one or more projects.

<u>Rating Tool Measures (see attachment)</u>: HUD Housing Priority, HMIS Data Quality & APR, Participant Project Performance, Target Population, Leverage, Bed Utilization and Expenditure of Funds. *Sources: Annual Performance Report; Drawdown Reports.*

<u>Standard Minimum Grant Requirements</u>: leverage match, expenditure of grant funds (slow or fast), bed utilization, cost effectiveness of project, HMIS implementation and compliance, and other minimum grant terms. *Sources: Annual Performance Reports;*; *LOCCS draws; HMIS Data Quality Reports.*

<u>CoC Priorities</u>: In addition to the above rating tool criteria and minimum grant requirement thresholds, the CoC approved the following local priorities for the Application Ranking Committee to consider in determining a project's rank and potential selective grant reductions.

Reallocation Process: The Steering Committee will review the Grant Inventory Worksheet and grant line up in sufficient time to allow for potential reallocation of funds. The Steering Committee will duly advertise any upcoming vote or discussion on the reallocation process. For the 2016 NOFA cycle, the reallocation process and vote took place during the July meeting. The Steering Committee reviewed Chittenden's projects versus the CoC's and HUD's priorities. The Steering Committee will consider reallocation during the July meeting. and ranked the following in priority status: 1) Permanent Supportive Housing; 2)Dedicated HMIS/Coordinated Entry; 3)Rapid Rehousing and 4) Other eligible activities.

Continuum of Care

FY2016 CoC FundingTier 1 and Tier 2 Process:

The Ranking Committee will follow the directions in the NOFA for the Tier 1 and Tier 2 funding process. HUD will establish the amounts of Chittenden's Tier 1 and Tier 2. Tier 1 is equal to 93% of the CoC's Annual Renewal Demand (ARD). Tier 2 is the difference between Tier 1 and the CoC's ARD plus any amount available for the permanent housing bonus.

Project Determinations and Appeals Process: Applications which do not meet the minimum threshold requirements will not be included in the CoC Consolidated Application submitted to HUD for consideration. If more applications are submitted than the CoC has money to fund, the Application Ranking Committee will rank the grants in order of the agreed upon priority as approved by the Chittenden CoC Steering Committee. The Collaborative Applicant will send formal notification of the determination made by the Application Ranking Committee to each project applicant along with: individual project ranking summary report, individual project ranking number, and potential budget reduction. Any appeals to the Application Ranking Committee's determinations for projects may be presented to the Chittenden Homeless Alliance Steering Committee during the September meeting. After all appeals are heard, the Chittenden Homeless Alliance Steering Committee will vote to finalize on the Review and Ranking Committee's recommendation. The Steering Committee's final recommendation, along with the corresponding grant amount for all projects, will be distributed to the Continuum and posted on the appropriate websites.

HUD's Policy Priorities

- 1. Create a systemic response to homeless.
 - a. Measure System Performance.
 - b. Create an effective Coordinated Entry Process
 - c. Promote participant choice.
 - d. Plan as a system.
 - e. Make the delivery of homeless assistance more open, inclusive and transparent.
- 2. Strategically allocate resources
 - a. Comprehensively review project quality, performance and cost effectiveness.
 - b. Maximize the use of mainstream and other community-based resources.
 - c. Review transitional housing projects.
 - d. Integration with persons with disabilities.
- 3. End chronic homelessness.
 - a. Target persons with highest needs and longest histories of homelessness for PSH.
 - b. Increase units
 - c. Improve outreach.
- 4. End family homelessness.
- 5. End youth homelessness.
- 6. End verteran homelessness.
- 7. Use a Housing First Approach.
 - a. Use data to quickly and stably house homeless persons.
 - b. Engage landlords and property owners.
 - c. Remove barriers to entry.
 - d. Adopt client-centered service methods.

Vermont Statewide

ServicePoint &

Homeless Management Information System

Policies and Procedures

VT HMIS Advisory Board

in partnership with
Institute for Community Alliances
2016

Contents

1.	Introduction	4
	1.1 HMIS BENEFITS	4
2	Requirements for Participation	6
	2.1 RESPONSIBILITIES OF HMIS USERS	6
	2.2 PARTNER AGENCY REQUIREMENTS	7
	2.4 USER TRAINING REQUIREMENTS	
	2.5 HMIS USER LEVELS	<u>S</u>
	2.6 HMIS VENDOR REQUIREMENTS	11
	2.7 MINIMUM TECHNICAL STANDARDS	
	2.8 HMIS LICENSE FEES	12
	2.9 HMIS OPERATING POLICIES VIOLATION	
3	Privacy and Security	15
	3.1 DATA ASSESSMENT AND ACCESS	15
	3.2 DATA REPORTING PARAMETERS AND GUIDELINES	16
	3.3 RELEASE OF DATA FOR GRANT FUNDERS	
	3.4 BASELINE PRIVACY POLICY	17
	3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS	20
	3.6 USER CONFLICT OF INTEREST	21
	3.7 SECURITY PROCEDURE TRAINING FOR USERS	21
	3.8 VIOLATION OF SECURITY PROCEDURES	21
	3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS	21
	3.10 DISASTER RECOVERY PLAN	22
4	Data Requirements	23
	4.1 MINIMUM DATA COLLECTION STANDARD	23
	4.2 PROVIDER NAMING CONVENTION	23
	4.3 DATA QUALITY PLAN	23
	4.4 XML IMPORTS	24
	4.5 HMIS DATA PROTECTION	24
5	Glossary	25
6	Appendices	27
	6.1 USER MANUALS	27



1. Introduction

The Vermont Homeless Management Information System (HMIS) is a collaborative project of the two Vermont Continua of Care (CoC) – Balance of State, and Chittenden County – the Institute for Community Alliances (ICA), and participating Partner Agencies. Our HMIS is an internet-based database, called ServicePoint, which is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. Bowman Internet Systems administers the central server and HMIS software, and ICA administers user and agency licensing, training and compliance.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate longitudinal analysis of service needs and gaps within the CoCs. Information that is gathered from consumers via interviews conducted by service providers is analyzed for an unduplicated count, aggregated (void of any identifying client level information) and made available to policy makers, service providers, advocates, and consumer representatives. Data aggregated from HMIS about the extent and nature of homelessness in the state of Vermont is used to inform public policy decisions aimed at addressing and ending homelessness at local, state and federal levels.

Guidance for the implementation of Vermont's HMIS is provided by a broad-based advisory board that is committed to understanding the gaps in services to consumers of the human service delivery system in an attempt to end homelessness.

This document provides the policies, procedures, guidelines and standards that govern HMIS operations, as well as the responsibilities for Agency Administrators and end users.

1.1 HMIS BENEFITS

Use of HMIS provides numerous benefits for service providers, homeless persons and the State of Vermont.

Benefits for service providers

- Better able to define and understand the extent of homelessness throughout Vermont
- Provides online real-time information about client needs and the services available for homeless persons.
- Assures confidentiality by providing information in a secured system.
- Decreases duplicative client intakes and assessments of shared files.
- Tracks client outcomes and provides a client history.
- Generates data reports for local use and for state and federal reporting requirements.
- Facilitates the coordination of services within an organization and, when data are shared, with other agencies and programs.
- Provides access to a statewide database of service providers, allowing agency staff to easily select a referral agency when data are shared.
- Better able to focus staff and financial resources where services for homeless persons are needed the most.

• Better able to evaluate the effectiveness of specific interventions and programs, and services provided.

Benefits for homeless persons

- Intake information and needs assessments are maintained historically, reducing the number of times homeless persons must repeat their stories to multiple service providers when data are shared.
- The opportunity to provide intake and life history one time demonstrates that service providers consider the homeless person's time valuable, and restores some of the consumer's dignity.
- Multiple services can be easily coordinated and referrals streamlined when data are shared.



2. Requirements for Participation

2.1 RESPONSIBILITIES OF HMIS USERS

Agency Administrators

- 1. Edit and update agency information in HMIS.
- 2. Ensure that the participating agency obtains a unique user license for each user at the agency.
- 3. Establish the standard report for each specific program created.
- 4. Maintain a minimum standard of data quality by ensuring the Universal Data Elements are complete and accurate for every individual served by the agency and entered into HMIS.
- Maintain the required universal data elements and program specific data elements
 for each program in accordance with the current HMIS Data Standards, and maintain
 data elements required by the HMIS Advisory Board and/or the CoC in which the
 program operates.
- 6. Ensure agency staff persons receive required HMIS training, and review the Vermont HMIS Policies and Procedures, the Agency Partnership Agreement and any agency policies which impact the security and integrity of client information.
- Ensure that HMIS access is granted only to staff members that have received both basic and security training, have completed the Vermont User Agreement and are authorized to use HMIS.
- 8. Notify all users at their agency of interruptions in service.
- 9. Provide a single point of communication between users and HMIS staff at the Institute for Community Alliances.
- 10. Administer and monitor data security policies and standards, including:
 - User access control:
 - The backup and recovery of data; and
 - Detecting and responding to violations of the policies and procedures or agency procedures.

<u>Users</u>

- 1. Take appropriate measures to prevent unauthorized data disclosure.
- 2. Report any security violations.
- 3. Comply with relevant policies and procedures.
- 4. Input required data fields in a current and timely manner. (Best practice is within 5 days with up to 30 days grace period.)
- 5. Ensure a minimum standard of data quality by accurately answering the Universal Data Elements and required program specific data elements for every individual entered into HMIS.
- 6. Inform clients about the agency's use of HMIS.
- 7. Take responsibility for any actions undertaken with one's username and password.
- 8. Complete required training.
- 9. Read the Vermont HMIS News email newsletter.

2.2 PARTNER AGENCY REQUIREMENTS

Participation Agreement Documents

Partner Agencies must complete the following documents:

- Partnership Agreements must be signed by each participating agency's executive director or authorized representative. The Institute for Community Alliances will retain the original document. The participation agreement states the agency's commitment to adhere to the policies and procedures for effective use of HMIS.
- Vermont User Agreements list user policies and responsibilities and are electronically signed by each authorized user. An electronic or hard copy of the original document must be kept by the originating agency.
- Coordinated Services Agreements allow the specifically named HMIS user to enter client data as, or on behalf of, another specifically named Participating Agency and/or to report on behalf the specifically named Participating Agency. The signed agreement will be maintained by the HMIS Lead Agency, the Institute for Community Alliances.

User Access to the System

The Agency Administrator will determine user access for users at or below the Case Manager III access level and assign users to the appropriate agency provider. The System Administrator will generate usernames and passwords within the administrative function of the software.

The Agency Administrator and all users must complete training before access to the system is granted by ICA. It is recommended that all users undergo a criminal background check as detailed in the Agency Partnership Agreement at this time, pending HMIS Final Rule.

User Requirements

Users must be paid staff or official volunteers of a Partner Agency. An official volunteer must complete a volunteer application with the Partner Agency, undergo agency training, pass a criminal background check, and record volunteer hours with the agency. Individuals who are solely contracting with a Partner Agency are prohibited from receiving a user license. All users must be at least 18 years old.

Users who are also Clients Listed in HMIS

In order to prevent users from editing their own file or files of immediate family members, all users will agree to a conflict of interest statement that is part of the User Agreement. Users must disclose any potential conflict of interest to their Agency Administrator. Users will be prohibited from making changes to the information in their own file or the files of their immediate family members. If a user is suspected of violating this agreement, the System Administrator will run the audit trail report to determine if there was an infraction.

Passwords

- Creation: Passwords are automatically generated from the system when a user is created. The System Administrator or Agency Administrator will communicate the system-generated password to the user.
- Use: The user will be required to change the password the first time they log onto the system. The password must be at least 8 characters and alphanumeric. Passwords

- should not be able to be easily guessed or found in a dictionary. Passwords are the individual's responsibility and users cannot share passwords. Users may not keep written copies of their password in a publicly accessible location.
- Storage: Any passwords that are written down are to be stored securely and must be inaccessible to other persons. Users are not to store passwords on a personal computer for easier log on.
- Expiration: Passwords expire every 45 days. Users may not use the same password consecutively. Passwords cannot be re-used until 2 password selections have expired.
- Unsuccessful logon: If a user unsuccessfully attempts to log-on 3 times, the User ID will be "locked out," and access permission will be revoked rendering the user unable to gain access until his/her password is reset.

Inputting Data

Agencies participating in the HMIS must meet the minimum data entry requirements established by the current HMIS Data Standards.

Tracking of Unauthorized Access

Any suspicion of unauthorized activity should be reported to the Institute for Community Alliances HMIS staff.

Agency Administrator

Agencies with 10 or more users must designate one person to be the Agency Administrator. Agencies with fewer than 10 users may forego designating an Agency Administrator. ICA HMIS staff will perform Agency Administrator responsibilities for these agencies.

The Agency Administrator, or System Administrator when no Agency Administrator is designated, will be responsible for resetting passwords, and monitoring HMIS access by users at their agency. This person will also be responsible for ensuring new agency staff persons are trained on how to use the HMIS by the System Administrators and for ensuring that new staff are aware of any agency or program specific data entry requirements.

The Agency Administrator must identify the assessments and requirements for each program, and work with the System Administrators to properly set up each program in the HMIS.

Client Consent for Sharing Data Forms

In addition to posting the HMIS Consumer Notice, agencies are required to have clients sign a client consent form if the client's data are shared in the system. The form requires clients to authorize the electronic sharing of their personal information with other agencies that participate in HMIS when data sharing is appropriate for client service.

Data Protocols

Agencies may collect information for data elements in addition to the minimally required data elements established by the HMIS Advisory Board in accordance with HUD. Agencies must maintain consistency with data collection and entry within each program.

2.4 USER TRAINING REQUIREMENTS

New User Training Requirements

All users are required to attend new user training with ICA prior to receiving access to the system. If ICA determines that data entered by a current end user does not meet minimum data quality standards, users may be required to repeat this training.

Once a new user begins the HMIS new user training series, the user has 15 days to complete the training series and all required assignments. ICA staff will review the user's homework and determine if corrections are needed. Users will have an additional 15 days to make all corrections. If the user fails to complete all requirements within 30 days, the user will need to retake the training series. ICA staff may determine that a new user failed to grasp the necessary data entry concepts based on the quality of the user's homework. ICA staff may use their discretion to require new users to repeat new user training. If a new user fails to successfully complete the homework requirements for data entry after repeated attempts, ICA staff may use their discretion to determine that the new user is not capable of accurate and complete data entry, and may refuse to issue the new user a Vermont HMIS user license.

If a user requesting a new user license had a license for the Vermont HMIS in the past, the user will be required to re-take the training series, with few exceptions. ICA has sole discretion to waive the requirement to attend new user training. ICA will consider the user's familiarity with the HMIS and the need for the user to learn about potential system updates and changes during new user training when making its decision to waive the new user training requirement.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

Ongoing User Training Requirements

All users are required to attend annual security training to retain their user license.

All users are required to attend at least two general HMIS trainings annually. The new user training series will count as one training toward the general training requirement. New users taking the new user training series in December will be exempt from completing an additional training during that calendar year.

All users with Advanced Reporting Tool (ART) Licenses are required to attend at least two ART trainings annually in addition to the required general HMIS trainings.

Users are expected to fully participate in all trainings attended. If a user misses more than ten minutes or ten percent (whichever is greater) of a training, the user will not receive credit for completing the training.

2.5 HMIS USER LEVELS

HMIS user roles are listed on the ICA website.

Resource Specialist I

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. A Resource Specialist I cannot modify or delete data, and does not have access to client or service records or other modules and screens.

Resource Specialist II

Users may access only the ResourcePoint module. Users may search the database of area agencies and programs, and view the agency or program detail screens. At this level, the user does not have access to client or service records or other modules and screens. A Resource Specialist II is an agency-level "Information & Referral (I&R) specialist" who may update their own agency and program information.

Resource Specialist III

Users at this level may access only the ResourcePoint module. Users may search the database of area agencies and programs and view the agency or program detail screens. A Resource Specialist III may add or remove resource groups, including Global (which they get by default). Access to client or service records and other modules and screens is not given. A Resource Specialist III may edit the system-wide news feature.

Volunteer

Users may access ResourcePoint, and have limited access to ClientPoint and service records. A volunteer may view or edit basic demographic information about clients (the profile screen), but is restricted from all other screens in ClientPoint. A volunteer may also enter new clients, make referrals, and check clients in/out from a shelter. A volunteer does not have access to the "Services Provided" tab. This access level is designed to allow a volunteer to perform basic intake steps with a new client and then refer the client to an agency staff member or case manager.

Agency Staff

Users may access ResourcePoint, have full access to service records, and limited access to ClientPoint. Agency staff may access most functions in ServicePoint, however, they may only access basic demographic data on clients (profile screen). All other screens are restricted including Reports. Agency Staff can add news items to the newswire feature.

Case Manager I

Users may access all screens and modules except "Administration." A Case Manager I may access all screens within ClientPoint, except the medical screen for confidentiality reasons. Users may access Reports.

Case Manager II

Users may access all screens and modules except "Administration." A Case Manager II may access all screens within ClientPoint, including the medical screen. Users may access Reports.

Case Manager III

This role has the same actions available as the Case Manager II with the added ability to see program data for all providers on their provider tree, like an Agency Administrator.

Agency Administrator

Users may access all ServicePoint screens and modules. Agency Administrators may add/remove users and edit agency and program data for all providers on their provider tree.

Executive Director

Users have the same access rights as an Agency Administrator, but rank above the Agency Administrator.

System Operator

Users may only access Administration screens. System operators can create new agency providers, add new users, reset passwords, and access other system-level options. Users may order additional user licenses and modify the allocation of licenses. They maintain the system, but may not access any client or service records.

System Administrator I

Users have the same access rights to client information as Agency Administrators, but for all agencies in the system. System Administrators also have full access to administrative functions.

System Administrator II

There are no system restrictions on users. They have full HMIS access.

2.6 HMIS VENDOR REQUIREMENTS

Physical Security

Access to areas containing HMIS equipment, data and software will be secured.

Firewall Protection

The vendor will secure the perimeter of its network using technology from firewall vendors. Company system administrators monitor firewall logs to determine unusual patterns and possible system vulnerabilities.

User Authentication

Users may only access HMIS with a valid username and password combination that is encrypted via SSL for internet transmission to prevent theft. If a user enters an invalid password three consecutive times, they are automatically shut out of that HMIS session. For added security, the session key is automatically scrambled and re-established in the background at regular intervals.

Application Security

HMIS users will be assigned a system access level that restricts their access to appropriate data.

Database Security

Wherever possible, all database access is controlled at the operating system and database connection level for additional security. Access to production databases is limited to a minimal number of points; as with production servers, production databases do not share a master password database.

Technical Support

The vendor will assist ICA HMIS staff to resolve software problems, make necessary modifications for special programming, and will explain system functionality to ICA.

Technical Performance

The vendor maintains the system, including data backup, data retrieval and server functionality/operation. Upgrades to the system software will be continuously developed and implemented.

Hardware Disposal

Data stored on broken equipment or equipment intended for disposal will be destroyed using industry standard procedures.

2.7 MINIMUM TECHNICAL STANDARDS

Minimum Computer Requirements

- A PC with a 2 Gigahertz or higher processor, 40GB hard drive, 512 MB RAM, and Microsoft Windows 7 or 8
- The most recent version of Google Chrome, Safari or Firefox. No additional plug-in is required.
 - It is recommended that your browser have a 128 cipher / encryption strength installed. The browser's cache should be set to "Check for new version of the stored pages: Every visit to page."
- A broadband Internet connection or LAN connection. Dial-up modem connections are not sufficient.
- Virus protection updates
- Mobile devices used for HMIS data entry must use the Mozilla Firefox, Google Chrome or Apple Safari internet browsers. Apple Safari must be used on the latest version of iOS.

Additional Recommendations

Memory

• Windows 7: 4Gig recommended (2 Gig minimum)

Monitor

- Screen Display: 1024x768 (XGA) or higher; 1280x768 strongly advised Processor
 - A Dual-Core processor is recommended

2.8 HMIS LICENSE FEES

Annual Vermont HMIS License Fees

Agencies may purchase licenses at any time. The amount of a user license may change depending on the operating costs of the Vermont HMIS. All changes in amounts charged for user licenses will be approved by the HMIS Advisory Board.

Billing for licenses will occur once annually in January, covering January - December. The annual fee will cover the subsequent calendar year and must be paid within 60 days following the date of the invoice. If a Partner Agency fails to pay their license fees by the stated due date, the agency's user licenses will be suspended until ICA receives the payment.

Non-use Fee

Agencies with users who do not access their HMIS account at least once every 90 days will be assessed a Non-use Fee. For each user who does not meet the access requirement, the agency will be charged \$500 at the time of annual license renewal. Participating Agencies are responsible for monitoring staff use of the HMIS to ensure that their agency is not charged Non-use Fee.

Fees for Programs Mandated to Use HMIS

Funding shall be provided from agencies operating programs required by federal and state agencies to enter data into HMIS as needed to fully fund the operation of the HMIS. The amount charged will be a set dollar amount or a percentage allocation of the funding source, to be determined by ICA based upon various criteria.

ART Licenses

The ART license is an add-on license available for HMIS users to facilitate data reporting. The additional amount charged for these licenses will reflect the actual cost of the license charged to the HMIS Lead Agency under the HMIS software contract.

2.9 HMIS OPERATING POLICIES VIOLATION

HMIS users and Partner Agencies must abide by all HMIS operational policies and procedures found in the HMIS Policies and Procedures manual, the Vermont User Agreement, and the Partner Agency Agreement. Repercussion for any violation will be assessed in a tiered manner. Each user or Partner Agency violation will face successive consequences – the violations do not need to be of the same type in order to be considered second or third violations. User violations do not expire. No regard is given to the duration of time that occurs between successive violations of the HMIS operation policies and procedures as it relates to corrective action.

- First Violation the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days, or until the Partner Agency notifies ICA of action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.
- Second Violation the user and Partner Agency will be notified of the violation in writing by ICA. The user's license will be suspended for 30 days. The user and/or Partner Agency must take action to remedy the violation; however, this action will not shorten the length of the license suspension. If the violation has not been remedied by the end of the 30-day user license suspension, the suspension will continue until the Partner Agency notifies ICA of the action taken to remedy the violation. ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. ICA will notify the HMIS Advisory Board of the violation during the next scheduled Advisory Board meeting following the violation.
- Third Violation the user and Partner Agency will be notified of the violation in writing by ICA. ICA will notify the HMIS Advisory Board of the violation and convene a review panel made up of Advisory Board members who will determine if the user's license should be terminated. The user's license will be suspended for a minimum of 30 days, or until the

Advisory Board review panel notifies ICA of their determination, whichever occurs later. If the Advisory Board determines the user should retain their user license, ICA will provide necessary training to the user and/or Partner Agency to ensure the violation does not continue. If users who retain their license after their third violation have an additional violation, that violation will be reviewed by the Advisory Board review panel.

Any user or other fees paid by the Partner Agency will not be returned if a user's or Partner Agency's access to HMIS is revoked.

Notifying the HMIS Lead Agency of a Violation

It is the responsibility of the Agency Administrator or general User at Partner Agencies that do not have an agency administrator to notify the HMIS Lead Agency when they suspect that a User or Partner Agency has violated any HMIS operational agreement, policy or procedure. A complaint about a potential violation must include the User and Partner Agency name, and a description of the violation, including the date or timeframe of the suspected violation. Complaints should be sent in writing to the HMIS Lead Agency at VTHMIS@icalliances.org. The name of the person making the complaint will not be released from the HMIS Lead Agency if the individual wishes to remain anonymous.

Violations of Local, State or Federal Law

Any Partner Agency or user violation of local, state or federal law will immediately be subject to the consequences listed under the Third Violation above.

Multiple Violations within a 12-Month Timeframe

During a 12 month calendar year, if there are multiple users (3 or more) with multiple violations (2 or more) from one Partner Agency, the Partner Agency as a whole will be subject to the consequences listed under the Third Violation above.

3. Privacy and Security

The importance of the integrity and security of HMIS cannot be overstated. Given this importance, HMIS must be administered and operated under high standards of data privacy and security. The Institute for Community Alliances and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. When a privacy or security standard conflicts with other Federal, state and local laws to which the Partner Agency must adhere, the Partner Agency must contact ICA to collaboratively update the applicable policies for the partner agency to accurately reflect the additional protections.

3.1 DATA ASSESSMENT AND ACCESS

All HMIS data will be handled according to the following major classifications: Shared or Not Shared Data. HMIS staff will assess all data, and implement appropriate controls to ensure that data classified as shared or not shared are handled according to the following procedures.

Shared Data

Shared data is unrestricted information that has been entered by one provider and is visible to other providers using HMIS. Vermont's HMIS is designed as a Not Shared system that defaults to not sharing data. Providers have the option of changing their program settings to share client data not shared.

Data that is Not Shared

Information entered by one provider that is not visible to other providers using HMIS. Programs that serve victims of domestic violence, individuals with HIV/AIDS, provide youth services, or legal services must enter closed data. Further, programs that provide youth services and legal services may enter clients as "unnamed." Individual client records can be closed at the client's request.

Procedures for transmission and storage of data

- Open Data: This is data that does not contain personal identifying information. The data should be handled discretely, unless it is further classified as Public Data. The data must be stored out of site, and may be transmitted via internal or first-class mail until it is considered public data.
- Confidential Data at the Agency Level: Confidential data contains personal identifying
 information. Each agency shall develop rules governing the access of confidential data
 in HMIS to ensure that those staff needing confidential data access will have access,
 and access is otherwise restricted. The agency rules shall also cover the destruction of
 paper and electronic data in a manner that will ensure that privacy is maintained and that
 proper controls are in place for any hard copy and electronic data that is based on HMIS
 data.

Whenever confidential data is accessed:

- Hard copies shall be shredded when disposal is appropriate. Hard copies shall be stored
 in a secure environment that is inaccessible to the general public or staff not requiring
 access.
- Hard copies shall not be left out in the open or unattended.

- Electronic copies shall be stored only where the employee can access the data.
- Electronic copies shall be stored where a password is required to access the data if on shared server space.

All public data must be classified as aggregated public or unpublished restricted access data.

Aggregated Public Data

Information published according to the "Reporting Parameters and Guidelines" (HMIS Policies and Procedures Section 3.2).

Unpublished Restricted Access Data

Information scheduled, but not yet approved, for publication. Examples include draft reports, fragments of data sets, and data without context or data that have not been analyzed.

Procedures for Transmission and Storage of Data

- Aggregated Public Data: Security controls are not required.
- Unpublished Restricted Access Data:
 - Draft or Fragmented Data Accessible only to authorized HMIS staff and agency personnel. Requires auditing of access and must be stored in a secure out-ofsight location. Data can be transmitted via e-mail, internal departmental or first class mail. If mailed, data must be labeled confidential.
 - 2. Confidential Data: Requires encryption at all times. Must be magnetically overwritten and destroyed. Hard copies of data must be stored in an out-of-sight secure location.

3.2 DATA REPORTING PARAMETERS AND GUIDELINES

All open data will be handled according to the following classifications - *Public Data*, *Internal Data*, *and Restricted Data* - and should be handled according to the following procedures.

Principles for Release of Data

- Only de-identified aggregated data will be released except as specified below.
- No identified client data may be released without informed consent unless otherwise specified by Vermont State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating agency where the data was collected.
- Program specific information used for annual grant program reports and program specific information included in grant applications is classified as public information. No other program specific information will be released without written consent.
- There will be full access to aggregate data included in published reports.
- Reports of aggregate data may be made directly available to the public.
- The parameters of the aggregated data, that is, where the data comes from and what it includes will be presented with each report.
- Data will be mined for agencies requesting reports on a case-by-case basis.
- Requests must be written with a description of specific data to be included and for what duration of time. Requests are to be submitted at least 30 days prior to the date the report is needed. Exceptions to the 30-day notice may be made.
- ICA reserves the right to deny any request for aggregated data.

3.3 RELEASE OF DATA FOR GRANT FUNDERS

Entities providing funding to agencies or programs required to use HMIS will not have automatic access to HMIS. Access to HMIS will only be granted by ICA when there is a voluntary written agreement in place between the funding entity and the agency or program. Funding for any agency or program using HMIS cannot be contingent upon establishing a voluntary written agreement allowing the funder HMIS access.

3.4 BASELINE PRIVACY POLICY

Collection of Personal Information

Personal information will be collected for HMIS only when it is needed to provide services, when it is needed for another specific purpose of the agency where a client is receiving services, or when it is required by law. Personal information may be collected for these purposes:

- To provide or coordinate services for clients
- To find programs that may provide additional client assistance
- To comply with government and grant reporting obligations
- To assess the state of homelessness in the community, and to assess the condition and availability of affordable housing to better target services and resources

Only lawful and fair means are used to collect personal information.

Personal information is collected with the knowledge and consent of clients. It is assumed that clients consent to the collection their personal information as described in this notice when they seek assistance from an agency using HMIS and provide the agency with their personal information.

If an agency reasonably believes that a client is a victim of abuse, neglect or domestic violence, or if a client reports that he/she is a victim of abuse, neglect or domestic violence, explicit permission is required to enter and share the client's information in HMIS.

Personal information may also be collected from:

- Additional individuals seeking services with a client
- Other private organizations that provide services and participate in HMIS

Upon request, clients must be able to access the *Use and Disclosure of Personal Information* policy found below.

Use and Disclosure of Personal Information

These policies explain why an agency collects personal information from clients. Personal information may be used or disclosed for activities described in this part of the notice. Client consent to the use or disclosure of personal information for the purposes described in this notice, and for reasons that are compatible with purposes described in this notice but not listed, is assumed. Clients must give consent before their personal information is used or disclosed for any purpose not described here.

Personal information may be used or disclosed for the following purposes:

1. To provide or coordinate services to individuals. Client records are shared with other organizations that may have separate privacy policies and that may allow different uses and disclosures of the information. If clients access services at one of these other

organizations, they will be notified of the agency's privacy and sharing policy. {OPTIONAL}

- 2. To carry out administrative functions such as legal audits, personnel, oversight, and management functions.
- 3. For research and statistical purposes. Personal information released for research and statistical purposes will be anonymous.
- 4. For academic research conducted by an individual or institution that has a formal relationship with the Institute for Community Alliances. The research must be conducted by an individual employed by or affiliated with the organization or institution. All research projects must be conducted under a written research agreement approved in writing by the designated agency administrator or executive director. The written research agreement must:
 - Establish the rules and limitations for processing personal information and providing security for personal information in the course of the research.
 - Provide for the return or proper disposal of all personal information at the conclusion of the research.
 - Restrict additional use or disclosure of personal information, except where required by law.
 - Require that the recipient of the personal information formally agree to comply with all terms and conditions of the written research agreement, and
 - Be substituted, when appropriate, by Institutional Review Board, Privacy Board or other applicable human subjects' protection institution approval.
- 5. When required by law. Personal information will be released to the extent that use or disclosure complies with the requirements of the law.
- 6. For a law enforcement purpose (if consistent with applicable law and standards of ethical conduct) under any of these circumstances:
 - In response to a lawful court order, court-ordered warrant, subpoena or summons
 issued by a judicial officer or a grand jury subpoena, if the court ordered disclosure
 goes through the Institute for Community Alliances and is reviewed by the Executive
 Director for any additional action or comment.
 - If the law enforcement official makes a written request for personal information. The written request must meet the following requirements:
 - i. Be signed by a supervisory official of the law enforcement agency seeking the personal information.
 - ii. State how the information is relevant and material to a legitimate law enforcement investigation.
 - iii. Identify the personal information sought.
 - iv. Be specific and limited in scope to the purpose for which the information is sought, and
 - v. Be approved for release by the Institute for Community Alliances legal counsel after a review period of seven to fourteen days.
 - If it is believed that the personal information constitutes evidence of criminal conduct that occurred at the agency where the client receives services.

- If the official is an authorized federal official seeking personal information for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to a foreign heads of state or other persons authorized by 22 U.S.C. 2709(a)(3), or for the conduct of investigations authorized by 18 U.S.C. 871 (threats against the President and others), and the information requested is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.
- 7. For law enforcement or another public official authorized to receive a client's personal information to conduct an immediate enforcement activity that depends upon the disclosure. Personal information may be disclosed when a client is incapacitated and unable to agree to the disclosure if waiting until the individual is able to agree to the disclosure would materially and adversely affect the enforcement activity. In this case, the disclosure will only be made if it is not intended to be used against the individual.
- 8. To avert a serious threat to health or safety if:
 - the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public, and
 - the use or disclosure is made to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- 9. To report to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence, information about an individual reasonably believed to be a victim of abuse, neglect or domestic violence. When the personal information of a victim of abuse, neglect or domestic violence is disclosed, the individual whose information has been released will promptly be informed, except if:
 - it is believed that informing the individual would place the individual at risk of serious harm, or
 - a personal representative (such as a family member or friend) who is responsible
 for the abuse, neglect or other injury is the individual who would be informed, and
 it is believed that informing the personal representative would not be in the best
 interest of the individual as determined in the exercise of professional judgment.
- 10. To comply with government reporting obligations for homeless management information systems and for oversight of compliance with homeless management information system requirements.

Inspection and Correction of Personal Information

Clients may inspect and receive a copy of their person information maintained in HMIS. The agency where the client receives services will offer to explain any information that a client may not understand.

If the information listed in HMIS is believed to be inaccurate or incomplete, a client may submit a verbal or written request to have his/her information corrected. Inaccurate or incomplete data may be deleted, or marked as inaccurate or incomplete and supplemented with additional information.

A request to inspect or copy one's personal information may be denied if:

- The information was compiled in reasonable anticipation of litigation or comparable proceedings
- The information was obtained under a promise or confidentiality and if the disclosure would reveal the source of the information, or
- The life or physical safety of any individual would be reasonably endangered by disclosure of the personal information.

If a request for inspection access or personal information correction is denied, the agency where the client receives services will explain the reason for the denial. The client's request and the reason for the denial will be included in the client's record.

Requests for inspection access or personal information correction may be denied if they are made in a repeated and/or harassing manner.

Limits on Collection of Personal Information

Only personal information relevant for the purpose(s) for which it will be used will be collected. Personal information must be accurate and complete.

Client files not used in seven years may be made inactive in HMIS. ICA will check with agencies before making client files inactive. Personal information may be retained for a longer period if required by statute, regulation, contract or another obligation.

Limits on Partner Agency Use of HMIS Client Information

The Vermont HMIS is an open data system. This system allows Partner Agencies to share client information in order to coordinate services for clients. However, Partner Agencies may not limit client service or refuse to provide service in a way that discriminates against clients based on information the Partner Agency obtained from HMIS. Partner Agencies may not penalize a client based on historical data contained in HMIS.

Youth providers serving clients under the age of 18 must maintain closed HMIS client files. Youth under the age of 18 may not provide either written or verbal consent to the release of their personally identifying information in HMIS.

Complaints and Accountability

Questions or complaints about the privacy and security policies and practices may be submitted to the agency where the client receives services. Complaints specific to HMIS should be submitted to the HMIS agency administrator and program director. If no resolution can be found, the complaint will be forwarded to the System Administrators, and the agency's executive director. If there is no resolution, the Vermont HMIS Advisory Board will oversee final arbitration. All other complaints will follow the agency's grievance procedure as outlined in the agency's handbook.

All HMIS users (including employees, volunteers, affiliates, contractors and associates) are required to comply with this privacy notice. Users must receive and acknowledge receipt of a copy of this privacy notice.

3.5 USE OF A COMPARABLE DATABASE BY VICTIM SERVICE PROVIDERS

Victim service providers, private nonprofit agencies whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, must not directly enter or provide data into HMIS if they are legally prohibited from participating in HMIS. Victim service providers that are recipients of funds requiring participation in HMIS, but are prohibited from entering data in HMIS, must use a comparable database to enter client information. A comparable database is a database that can be used to collect client-level data over time and generate unduplicated aggregated reports based on the client information entered into the database. The reports generated by a comparable database must be accurate and provide the same information as the reports generated by HMIS.

3.6 USER CONFLICT OF INTEREST

Users who are also clients with files in HMIS are prohibited from entering or editing information in their own file. All users are also prohibited from entering or editing information in files of immediate family members. All users must sign the Vermont User Agreement, which includes a statement describing this limitation, and report any potential conflict of interest to their Agency Administrator. The System Administrator may run the audit trail report to determine if there has been a violation of the conflict of interest agreement.

3.7 SECURITY PROCEDURE TRAINING FOR USERS

All users must receive security training prior to being given access to HMIS. Security training will be covered during the new user training for all new users. All users must receive ongoing annual training on security procedures from the Institute for Community Alliances.

3.8 VIOLATION OF SECURITY PROCEDURES

All potential violations of any security protocols will be investigated and any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to: a formal letter of reprimand, suspension of system privileges, revocation of system privileges and criminal prosecution.

If possible, all confirmed security violations will be communicated in writing to the affected client within 14 days, unless the client cannot be located. If the client cannot be located, a written description of the violation and efforts to locate the client will be prepared by the System Administrator at the Institute for Community Alliances, and placed in the client's file at the Agency that originated the client's record.

Any agency that is found to have consistently and/or flagrantly violated security procedures may have their access privileges suspended or revoked. All sanctions are imposed by the ICA HMIS staff. All sanctions may be appealed to the HMIS Advisory Board.

3.9 PROCEDURE FOR REPORTING SECURITY INCIDENTS

Users and Agency Administrators should report all unlawful access of HMIS and unlawful attempted access of HMIS. This includes theft of usernames and passwords. Security incidents

should be reported to the ICA System Administrator. The ICA System Administrator will use the HMIS user audit trail report to determine the extent of the breach of security.

3.10 DISASTER RECOVERY PLAN

Bowman Systems Disaster Recovery Plan

Vermont's HMIS is covered under Bowman Systems Disaster Recovery Plan. Due to the nature of technology, unforeseen service outages may occur. In order to assure service reliability, Bowman Systems provides the following disaster recovery plan. Plan highlights include:

- Database tape backups occur nightly.
- Tape backups are stored offsite.
- Seven day backup history is stored locally on instantly accessible Raid 10 storage.
- One month backup history is stored off site.
- Access to Bowman Systems emergency line to provide assistance related to "outages" or "downtime" 24 hours a day.
- Data is backed up locally on instantly-accessible disk storage every 24 hours.
- The application server is backed up offsite, out-of-state, on a different internet provider and on a separate electrical grid via secured Virtual Private Network (VPN) connection.
- Backups of the application site are near-instantaneous (no files older than 5 minutes).
- The database is replicated nightly at an offsite location in case of a primary data center failure.
- Priority level response (ensures downtime will not exceed 4 hours).

Standard Data Recovery

Vermont's HMIS database is stored online, and is readily accessible for approximately 24 hours a day. Tape backups of the database are kept for approximately one month. Upon recognition of a system failure, HMIS can be copied to a standby server. The database can be restored, and the site recreated within three to four hours if online backups are accessible. As a rule, a tape restoration can be made within six to eight hours. On-site backups are made once daily. A restore of this backup may incur some data loss between when the backup was made and when the system failure occurred.

All internal servers are configured in hot-swappable hard drive RAID configurations. All systems are configured with hot-swappable redundant power supply units. Our Internet connectivity is comprised of a primary and secondary connection with separate internet service providers to ensure redundancy in the event of an ISP connectivity outage. The primary Core routers are configured with redundant power supplies, and are configured in tandem so that if one core router fails the secondary router will continue operation with little to no interruption in service. All servers, network devices, and related hardware are powered via APC Battery Backup units that are connected in turn to electrical circuits, which are connected to a building generator.

All client data is backed-up online and stored on a central file server repository for 24 hours. Each night a tape backup is made of the client database and secured in a bank vault.

Historical data can be restored from tape as long as the data requested is newer than 30 days old. As a rule, the data can be restored to a standby server within four hours without affecting the current live site. Data can then be selectively queried and/or restored to the live site.

For power outage, HMIS is backed up via APC battery back-up units, which are connected via generator-backed up electrical circuits. For a system crash, a system restore will take four

hours. There is potential for some small data loss (data that was entered between the last backup and when the failure occurred) if a tape restore is necessary. If the failure is not hard drive related, the data restore time will possibly be shorter as the drives themselves can be repopulated into a standby server.

All major outages are immediately brought to the attention of executive management. Bowman Systems support staff helps manage communication or messaging to the System Administrator as progress is made to address the service outage.

Vermont HMIS Disaster Recovery Plan

The Institute for Community Alliances operates a regional approach to administering the Vermont HMIS. The main ICA Vermont HMIS office is in Madison, WI, a secondary office in Green Bay, WI, and an office located in the state of Vermont. In the event of a localized emergency or disaster, ICA will shift responsibility for administering the HMIS and managing day-to-day operations of the system to an unaffected site.

4. Data Requirements

4.1 MINIMUM DATA COLLECTION STANDARD

Partner Agencies are responsible for asking all clients a minimum set of questions for use in aggregate analysis. These questions are included in custom assessments that are created by HMIS System Administrators. The required data elements depend on the program. The mandatory data elements in each assessment are displayed in *red* text and/or specific text indicating that the field is required.

The Agency Administrator must identify the assessments and requirements for each program. ICA will consult with the Agency Administrator to properly set up each program in HMIS.

Guidelines clearly articulating the minimum expectations for data entry for all programs entering data in HMIS will be sent to Agency Administrators and posted on the Institute for Community Alliances' Vermont HMIS webpage. Agency Administrators must ensure that the minimum data elements are fulfilled for every program.

4.2 PROVIDER NAMING CONVENTION

All providers within HMIS must be named so that they accurately reflect the type of service carried out by the corresponding Partner Agency program.

4.3 DATA QUALITY PLAN

Partner Agencies are responsible for the overall quality, accuracy and completeness of data entered by their staff for their clients. HMIS staff will monitor data collection of the HMIS Universal Data Elements and required program specific data elements monthly and hold participating agencies accountable for not entering required data.

ICA will submit a report to each CoC annually that identifies the degree to which all agencies within the CoC are meeting the minimum data entry standards.

Programs that do not adhere to the minimum data entry standards will be notified of their deficiencies and given appropriate training on how to correctly enter data. Partner Agencies and/or users who do not meet minimum data entry standards following additional training from ICA will be considered in violation of the HMIS operating agreements, and will be subject to the repercussions listed in Section 2.9 of the HMIS Policies and Procedures Manual.

4.4 XML IMPORTS

While HMIS vendors are required to have the capacity to accept CSV and/or XML imports per federal regulations, a CoC has at its discretion whether or not to permit imports and may require direct data entry into the CoC designated HMIS. The Balance of State CoC and the Chittenden/Burlington CoC, reserve the right to review all individual agency requests for CSV and/or XML imports into Vermont's HMIS. In making a request, an agency must provide the CoC with documentation their vendor can meet the HUD standards for CSV and/or XML imports and confirmation the funding source allows imports. Once an agency's vendor has been approved, the CoC will evaluate importing as it relates to funding requirements and its potential impact on the data integrity of Vermont's HMIS. Allowing CSV and/or XML imports could impact data integrity and increase the likelihood of duplication of client files within the system. The data must meet minimum data completeness requirements set forth by HUD at not greater than 10% missing data fields with in each required Universal Data Element as defined in the most recent HMIS Data Standards Manual for each upload. Prior to an approved import, the agency requesting the import will incur all costs associated with the import, including, but not limited to: Bowman's cost of service and the HMIS Lead's cost of service. An estimate will be provided. However, the agency requesting the import will be responsible for any additional costs incurred directly related to the import process. All payments are non-refundable.

4.5 HMIS DATA PROTECTION

As the HMIS Lead Agency, it is the responsibility of ICA to maintain the HMIS, including protecting the data contained in HMIS. In the case where ICA is made aware through data contained in HMIS that Partner Agency program funds were used for an ineligible service, ICA will notify the Partner Agency about the misuse of funds. If the Partner Agency fails to rectify the misuse of funds in a timely fashion, ICA will notify the appropriate funding body.

5. Glossary

- **Agency Administrator** the individual responsible for HMIS use at each partner agency that has ten or more HMIS users.
- **Aggregated Public Data** data that is published and available publicly. This type of data does not identify clients listed in the HMIS.
- Closed Data information entered by one provider that is not visible to other providers using HMIS.
- **Confidential Data** contains personal identifying information.
- **ICA** the Institute for Community Alliances, which is the HMIS Lead Agency.
- HMIS Homeless Management Information System an internet-based database that is used by homeless service organizations across Vermont to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness.
- **HMIS Advisory Board** the group of HMIS users who are responsible for approving and implementing the HMIS Policies and Procedures, and for working to make improvements to Vermont's HMIS.
- **HMIS License Fee** the annual fee paid by partner agencies to allow each HMIS user at their agency continued access to the database.
- **HMIS User Level** HMIS users are assigned a specific user level that limits the data the user is able to access in the database.
- **HMIS Vendor** the Vermont HMIS software vendor is Bowman Systems. The HMIS vendor designs the HMIS and provides ongoing support to the System Administrators.
- **Minimum Data Entry Standards** a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis.
- **Open Data** does not contain personal identifying information.
- **Partner Agencies** the homeless service organizations that use HMIS.
- **System Administrators** staff in the Division of Housing who are responsible for overseeing HMIS users and use in Vermont. The System Administrators allow users HMIS access and provide training; ensure user compliance with HMIS policies and procedures; and make policy recommendations to the Steering Committee.
- **Shared Data** unrestricted information that has been entered by one provider and is visible to other providers using HMIS.

Unpublished Restricted Access Data – information scheduled, but not yet approved, for publication.

Victim Service Provider – a nonprofit agency with a primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.



6. Appendices

6.1 USER MANUALS

The User Manuals for General Users provide the protocol for data entry workflow for Vermont HMIS users. The User Manuals include the data entry workflow requirements to document valid program entry and exit dates in the HMIS. Manuals are located on the ICA website: www.icalliances.org/vermont.

6.2 DATA DICTIONARY AND DATA MANUAL

The <u>HMIS Data Standards Manual</u> is intended to serve as a reference and provide basic guidance on HMIS data elements for CoCs, HMIS Lead Agencies, HMIS System Administrators, and users. The companion document to the HMIS Data Manual is the <u>HMIS Data Dictionary</u>.

The HMIS Data Dictionary is designed for HMIS vendors, HMIS Lead Agencies, and HMIS system administrators to understand all of the data elements required in an HMIS, data collection and function of each required element and the specific use of each element by the appropriate federal partner. The HMIS Data Dictionary should be the source for HMIS software programming.

HMIS systems must be able to collect all of the data elements defined in the HMIS Data Dictionary, support system logic identified in this document, and ensure that data collection and the visibility of data elements is appropriate to the project type and federal funding source for any given project.

C. LOCAL PREFERENCES

[24 CFR 5.410]

Section 8 program participants residing in units with assistance through a Section 8 project-based Housing Choice Voucher who need to move and are in full compliance with family responsibilities and the tenant lease shall be given the next available Housing Choice Voucher on the regular waiting list or on any targeted waiting list for which the household is eligible.

Shelter Plus Care, Housing Opportunities for Persons with AIDS, or Moderate Rehabilitation Single Room Occupancy who need to move and are in full compliance with family responsibilities and the tenant lease may be given the next available Housing Choice Voucher on the regular waiting list or on any targeted waiting list for which the household is eligible.

For up to fifty percent (50%) of lease-ups in each fiscal year, BHA elects to extend consideration for a Local Preference to:

- Applicants whose individual circumstances are determined by the BHA Executive
 Director to be an emergency housing situation not resulting from the family's actions or
 inaction, including but not limited to: (a) displacement by state or local government; (b)
 displacement due to extensive structural damage as a result of a disaster; (c) harassment
 against a family in a protected class; (d) victims of domestic violence and (e) for
 purposes of witness protection;
- 2. Applicants and residents of public and managed housing who have been determined to be eligible for the Section 8 Homeownership Option and have been determined to be 'mortgage ready';
- 3. Applicants being considered under supported housing programs with appropriate supportive services provided under Memoranda of Agreement between BHA and the social service agency, including but not limited to Agency of Human Services initiatives, Howard Center, Women Helping Battered Women, Chittenden County Continuum of Care, the Homeless Healthcare Project and Pathways to Housing.

Local preference decisions by the Executive Director will be documented in the family's file.

HMIS Governance Charter

Chittenden Homeless Alliance (CHA) Institute for Community Alliances (ICA) October 1, 2015

A. Purpose and Scope

The purpose of this document is to confirm agreements between the Chittenden Homeless Alliance (CHA, Continuum of Care, or CoC) and the Institute for Community Alliances (HMIS Lead Agency) in connection with the governance of the CHA Homeless Management Information System (HMIS). This Governance Charter sets forth the general understandings, and specific responsibilities of each party relating to key aspects of the governance and operation of the HMIS. The Governance Charter is effective upon execution by the CHA and the HMIS Lead Agency.

B. Background

HMIS is an internet-based data collection software application designed to capture information about the numbers, characteristics, and needs of homeless persons and those at risk of homelessness over time.

Use of HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for projects funded by the Continuum of Care (CoC) Program, Emergency Solutions Grants (ESG) Program, and Housing Opportunities for Persons with AIDS (HOPWA) Program; as well as by the U.S. Department of Veterans Affairs (VA) for projects funded by the Supportive Services for Veteran Families (SSVF) Program; and by the U.S. Department of Health and Human Services (HHS) for projects funded by the Runaway & Homeless Youth (RHY) Program.

In an effort to effectively coordinate homeless services, the federal government strongly encourages all homeless projects to participate in a CoC's HMIS, including those receiving funds from the following: HHS-Projects for Assistance in Transition for Homelessness (PATH) Program, VA Grant & Per Diem (GPD) Program, and the VA-Veterans Affairs Supportive Housing (VASH) Program.

C. General Understandings

 Continuum of Care Governance: The CHA is responsible for governance of the HMIS. The CHA is the lead planning group for efforts to end homelessness and for implementing and operating homeless service delivery systems within the Continuum of Care. As such, and under HUD policy (24 CFR part 580), the CHA is responsible for HMIS oversight and implementation, including planning, software selection, HMIS Lead Agency designation and setting up and managing the HMIS in compliance with HUD's CoC Program Interim Rule.

- 2. HMIS Lead Agency Designation: The CHA designates the HMIS Lead Agency to manage HMIS operations on its behalf, and to provide HMIS administrative functions at the direction of the CHA.
- 3. Funding: Funding for the software and operations of the HMIS is provided by the CHA, through a HUD Continuum of Care Program dedicated HMIS grant, or other funding from the CoC. Funding is also provided by agencies that operate programs federally required to enter data into HMIS. Partner Agencies may be required to pay user fees for the HMIS software and reporting licenses assigned to their agency. In the event that there is a shortfall in funding for the software or operation of the HMIS, the CHA Data and Steering Committees will explore options to increase revenue.
- 4. *Software and Hosting*: The CHA has selected a single software product to serve as the sole HMIS software application (Bowman Systems—Service Point). All Partner Agencies agree to use the product as configured for the CHA's HMIS.
- 5. Compliance with Homeless Management Information System Standards: The HMIS is operated in compliance with HUD HMIS Data and Technical Standards and any other applicable laws. The parties anticipate that HUD will release revised HMIS Standards periodically. The parties agree to make changes to this HMIS Governance Charter, the HMIS Policies and Procedures, and other HMIS operational documents, to comply with the revised standards within the HUDspecified timeframe for such changes.
- 6. Operational Policies and Agreements: The HMIS operates within the framework of agreements, policies, and procedures that have been developed and approved over time by the HMIS Lead Agency and the CHA through its Data and Steering Committees. All operational agreements and policies and procedures are reviewed annually by the HMIS Lead Agency and the CHA to comply with the HMIS Standards or otherwise improve HMIS operations.
- 7. Data Ownership: The data entered into the HMIS is owned by the Partner Agency responsible for entering the client-level information. The HMIS Lead Agency and Partner Agencies are jointly responsible for ensuring that HMIS data processing capabilities, including the collection, maintenance, use, disclosure, transmission and destruction of data, comply with the HMIS privacy, security and confidentiality policies and procedures. The Partner Agencies have the final authority to approve or disapprove the use of the data that is contained in the HMIS.
- D. Specific Responsibilities of the Parties

- Chittenden Homeless Alliance: The CHA serves as the HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. It is the responsibility of CHA to
 - a. Designate the HMIS Lead Agency and the software to be used for HMIS, and approve any changes to the HMIS Lead Agency or software.
 - Request revision to any HMIS operational agreement, policy or procedure developed by the HMIS Lead Agency, and approved by the CHA Data Committee.
 - c. Conduct outreach to homeless assistance agencies not using HMIS, and encourage these agencies and other mainstream programs serving homeless people to participate in HMIS.
 - d. Work to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
 - e. Promote the effective use of HMIS data, including its use to measure the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
 - f. Provide all local information as necessary for compilation of the HUD CoC Housing Inventory count of Homeless Beds (HIC), and support the HMIS Lead Agency in preparing the Annual Homeless Assessment Report (AHAR).
 - g. Ensure performance and compliance of the HMIS Lead Agency.
 - h. Ensure the HMIS scope aligns with the requirements of agencies, HUD and other stakeholder groups
 - i. Implement and continuously improve the HMIS
 - j. Address any issue that has major implications for the HMIS, such as HMIS Standards revisions or HMIS Vendor performance problems.
 - k. Review, revise, and approve all HMIS operational policies developed by the HMIS Lead Agency.
 - I. Ensure agency and user compliance with the HUD HMIS Standards and all policies and procedures implemented locally.
 - m. Provide guidance and oversight of HMIS related user and agency compliance monitoring undertaken by the HMIS Lead Agency.
 - Approve HMIS Lead Agency recommendations to terminate a user license or restrict the HMIS participation of a Partner Agency.
- 2. Institute for Community Alliances: ICA serves as the HMIS Lead Agency for the CHA. It's responsibilities are to
 - a. Obtain and maintain the contract with the selected software vendor. Provide and manage end user licenses, including authorizing usage and the level of access to HMIS for all users.
 - b. Determine the parameters of the HMIS as it relates to continuity of service, ability to limit access to the data, hosting responsibilities, general security and maintenance issues, data storage, back-up and recovery, customization,

- compliance with HUD Data standards, reporting needs, training and technical support.
- c. Provide overall staffing for the operation of the HMIS.
- d. Develop and maintain all HMIS operational agreements, policies and procedures, including a written privacy notice.
- e. Obtain signed Partner Agency Agreements and User Agreements.
- f. Invoice Partner Agencies for HMIS fees approved by the Chittenden Homeless Alliance (CHA).
- g. Monitor Partner Agencies and users to ensure compliance with HMIS operational agreements, policies and procedures on behalf of, and at the direction of, the HMIS Advisory Board and/or the Chittenden Homeless Alliance.
- h. Should the CHA develop an HMIS partnership with the Vermont Balance of State Continuum of Care, convene meetings of the joint HMIS Advisory Board.
- Attend CHA Data Committee, Steering Committee, or Meetings of the full Continuum of Care as appropriate. (Remote participation is generally acceptable.) Report any concerns with the software vendor to appropriate committees.
- j. Provide and maintain the HMIS website.
- k. Comply with HUD HMIS Standards, and apprise the CHA of impending changes affecting workflow and operations in a timely manner.
- 1. Apply as the project applicant for all HUD CoC Program HMIS Projects.
- m. Search and apply for state or private funding as appropriate, and with the support of the CHA.
- n. Serve as the liaison with HUD regarding HUD HMIS grants.
- Provide technical assistance and training to member agencies, as necessary, including user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality.
- p. Report on data quality as requested by the CHA.
- q. Collaborate in the generation of all Federal, State and local reports.
- r. Ensure that data collected on behalf of the CHA and participating agencies remains the property of such.
- s. Protect confidential data (in compliance with HUD Standards, local privacy policies, and other applicable law) and abide by any restrictions clients have placed on their own data.
- t. Provide assistance and information necessary for completion of the annual NOFA.
- u. Assist the CHA in conceptualizing and designing community reports that capture the problem of homelessness in Chittenden County, and that help the CHA to devise a clear and meaningful plan for the allocation of its resources.
- v. As requested, and in cooperation with CHA, prepare custom reports requested by outside agencies.

Chittenden Homeless Alliance (CHA)

- E. Period of Agreement and Modification/Termination
 - 1. Period of Operation and Termination: This HMIS Governance Charter will become effective upon signature of all parties and will remain in effect until terminated by the parties. Each party shall have the right to terminate this agreement only upon 30 days prior written notice. Violation of any component may be grounds for immediate termination of this Agreement.
 - Amendments: Amendments, including additions, deletions, or modifications
 to this HMIS Governance Charter must be agreed to by all parties. It is
 understood that upon formal agreement on a joint HMIS implementation
 with the Vermont Balance of State Continuum of Care, the language of this
 document will be modified to more closely address details of that
 arrangement.

The signatures of the parties indicate their agreement with the terms and conditions set forth in this document.

Erin Allearn	9/29/2015
Erin Ahearn, Co-Chair Da	ate
—Docusigned by: Margaret Bozik	9/29/2015
Margaret Bozik, Co-Chair	Date
Institute for Community Alliances (HMIS Lead Agency)
David Eberbach	9/27/2015
Date	

Coordinated Entry for Permanent Supportive Housing Chittenden County Homeless Alliance

Permanent Supportive Housing Inventory

A copy of the Permanent Supportive Housing section of the Housing Inventory Chart, with additional information on "gatekeepers," basic eligibility and housing mobility options, is attached.

Prioritization

All Permanent Supportive Housing (PSH) beds in our Housing Inventory Chart, if not already dedicated to the Chronically Homeless, will be prioritized for Chronically Homeless. When a PSH bed opening occurs, candidates who are prioritized through the common assessment tool AND meet the basic eligibility requirements for the bed will be given first consideration for the opening by the program. The Alliance will review the number of program refusals as the process moves forward and will evaluate whether formal refusal limits need to be established.

Common Assessment Tool and Community Waitlist Management

The common assessment tool used for PSH will be the VI-SPDAT (or F-VI-SPDAT, for families). Assessments done through this tool will be used to refer people, where appropriate through the scoring, onto a community-wide waitlist for entry for PSH beds. The community waitlist will be managed outside of HMIS for now; this will be re-evaluated after the Alliance moves forward with its new HMIS later this year. A position at the Champlain Valley Office of Economic Opportunity (will manage the waitlist, transferring information from the paper assessments into an Excel spreadsheet and then ranking those on the list by overall vulnerability score. The paper assessments can then be shredded if confidentiality is a concern.

A PSH Review Committee, functioning as a subcommittee of the Coordinated Entry Committee, will be formed. It will include all of the "gatekeepers" of the PSH beds (including street outreach workers from the Howard Center and Safe Harbor) as well as Women Helping Battered Women. Agencies will be responsible for appointing their member to this group. The PSH Review Committee will meet once a month to review the waitlist and plan for future openings and potential issues/changes. The Committee will review ranking scores as well as hear a qualitative overview by the agency putting forth a candidate. The Review Committee will follow HUD criteria for prioritization. The Coordinated Entry Committee recommends that within those criteria, the Review Committee pay special attention to medical vulnerability and unsheltered clients. The group may need to meet more often when there are housing opportunities available. There may be some individuals experiencing homelessness who refuse to take part in the VI-SPDAT, and those individuals can be evaluated for entry into a PSH bed by the Review Committee. The Coordinated Entry Committee will develop an MOU for the Review Committee.

Process Evaluation

Clients will be recruited for a focus group to help inform the process as it evolves. This will allow for people within the PSH process to offer constructive feedback, but not lead to potential conflicts of interest by sitting on the PSH review committee and reviewing confidential information of vulnerable participants.

The Coordinated Entry Committee will review the entry process every six months and make adjustments as necessary, including the need for additional MOUS among the partners.

Release of Information

Each agency may use their own release for referrals and release of information as long as it names the members of the PSH Review Committee as potential recipients of information for the specific time-limited purpose of determining eligibility for and entry into PSH.

Points of Access to Assessment

People accessing emergency housing services through Economic Services are currently referred to case management through an established process that includes assignment to a case manager. Those assigned case managers will be responsible for conducting assessments and making referrals, where scoring indicates that it is appropriate, to the PSH Review Committee. The Alliance will reassess the need for additional assessment capacity for other Agency of Human Services programs once the original process is operational. The Coordinated Entry Committee will also reassess the screening tool and process used by the Department for Children & Families for the Emergency Housing program.

Shelter guests, including guests of the future warming shelter, will be assessed by the shelter operator. Street outreach teams do assessments for the unsheltered. The Coordinated Entry Committee will explore the extent to which there are gaps in coverage in the street outreach workers programs. A smaller workgroup will meet to work on strategies for integrating the hospital and other systems of care into the coordinated entry process.

The agency conducting the assessment is responsible for making referrals, where scoring indicates that it is appropriate, to the PSH Review Committee. To try to reduce the potential duplication burden on clients, people will be asked if they have previously taken this assessment, and those conducting an assessment can check with the waitlist organizer, with an appropriate release, to see if someone is already on the waitlist.

- 2. Gathers and disseminates information about the incidence, prevalence, and current and emerging causes of homelessness including conducting an annual Point in Time count;
- 3. Identifies and prioritizes solutions to homelessness including "bricks and mortar," economic, legal, and social service and program impediments;
- 4. Develops and advocates government, programmatic, and legal policies that further the Alliance's vision;
- 5. Establishes and follows written standards for providing CoC assistance, in consultation with the recipient of Emergency Solutions Grants program funds.
- 6. Marshals federal, state, and local government and other resources to further our mission;
- 7. Coordinates our efforts with the Balance of State Continuum of Care as appropriate; and
- 8. Moves its agenda forward through annual and multi-year planning including establishing performance goals and measuring and monitoring progress toward these goals;
- 9. Evaluates all CoC and ESG funded programs and effectuates change as needed;
- 10. Develops a written process for Board selection and reviews that process at least every five years; and
- 11. Designates and operates a Homeless Management Information System (HMIS) at a minimum to meet HUD HMIS requirements.

The City of Burlington is currently the Collaborative Applicant with the local Continuum of Care (Homeless Alliance) and administers the annual Notice of Funding Availability Application for the Continuum. HUD recently released the Notice of Funding Availability and for more information you can read the FY-2016-CoC-Program-NOFA here.

Chittenden County Homeless Alliance (Chittenden CoC) released a Notice of Funding Availability and received 11 eligible applications. Of those applications, 8 are renewal projects, 2 are new projects and one is a bonus project. On August 3, the Chittenden Application Ranking Committee met to review, score, rank and recommend funding for the Alliance. The criteria used included the following performance measures: bed utilization rates; % of participants entering with status of literal homeless; % of adult participants who increased income; % who exited to permanent housing; % who remained in permanent housing after 6+ months; % accessing one or more mainstream services; timely submission of APRs and timely drawdowns from LOCCs. These performance measures are in addition to scoring by type of project with a focus on serving chronic homeless, use of coordinated entry and the CoC's HMIS. Their recommendations are noted here.

Ranking and Funding Spreadsheet for Chittenden County Homeless Alliance 8.16



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NEWS

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First Name

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* = required field

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4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

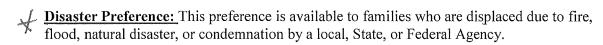
Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

VSHA will offer public notice when changing its preference system. The notice will be publicized using the same guidelines as those followed for amending the agency's PHA plan or opening and closing the waiting list, depending on when the change is planned to occur.

VSHA uses the following local preference system:



Transitional Housing Preference: This preference is available to individuals and families who are Transitioning from one of the following programs administered by the Vermont State Housing Authority:

- HUD's Family Unification program for Youth In Transition;
- The Vermont Rental Subsidy Program (a 12 month rapid rehousing initiative administered by the Vermont Agency of Human Services). *Applications for this preference will be accepted only after 9 months of participation in VRS*.
- Individuals/families transitioning from a Domestic Violence Transitional Housing Program (currently on or eligible to be on the Continuum of Care Homeless Inventory Chart for homeless beds).
- *HUD's McKinney-Vento Shelter Plus Care Program;

To be considered for this preference, applicants <u>must</u> meet the following additional criteria:

- 1. Actively participating in a case-management plan which includes a discharge plan with an appropriate organization providing these services; *and*
- 2. Be in compliance with any lease agreement (verbal or written). Families must be current in their rent and any other conditions of tenancy. Families can not be subject to an eviction action. VSHA will require Certification from the

applicant's current landlord stating they are in good standing and in compliance with their lease agreement.

*Applicants transitioning from HUD's/VSHA's Shelter plus Care program MUST provide certification from the (Shelter plus Care) Sponsoring Organization that the applicant has participated in the Shelter plus Care program for no less than 36 months and has met the goals of their Individual Service Plan (ISP).



Preference for Homeless Families with Case Management Support:

Preference will be limited to no more than 100 applicants / fiscal year (10/1 - 9/30).

Preference will be provided to families (with one or more minor children) who are homeless as defined by HUD's Category 1 definition of homelessness 1 and who will be receiving regular on-site case management support from a local homeless services, social services or mental health agency for at least one year after moving into a voucher-assisted unit. Status will be verified through the agency providing case management.

INCOME TARGETING

Income Targeting 1(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below 30% of the area median income. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

¹ Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park abandoned building, bus or train station, airport, or camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution".